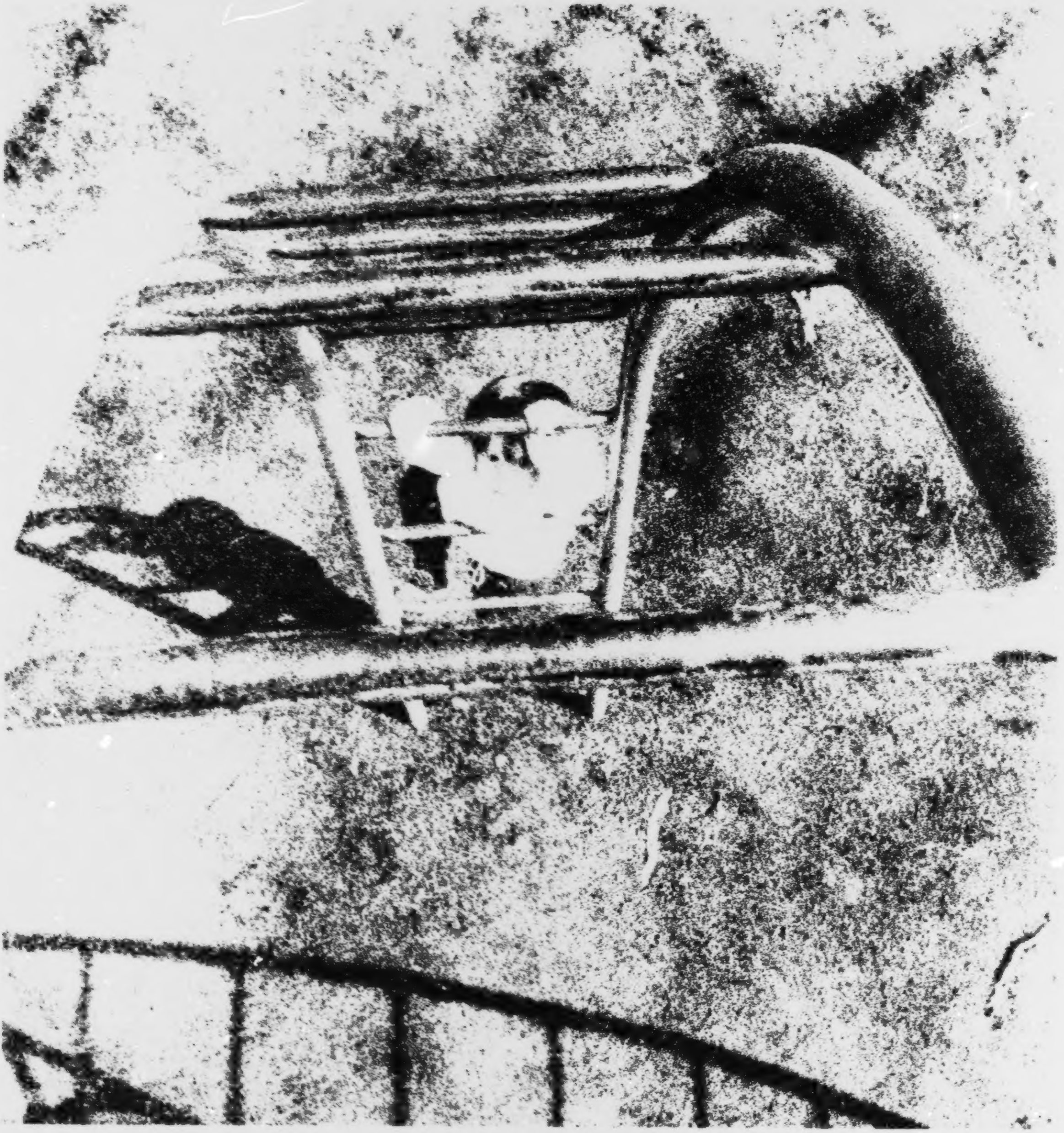
On Equal Terms

The social integration of handicapped persons
A challenge for every one



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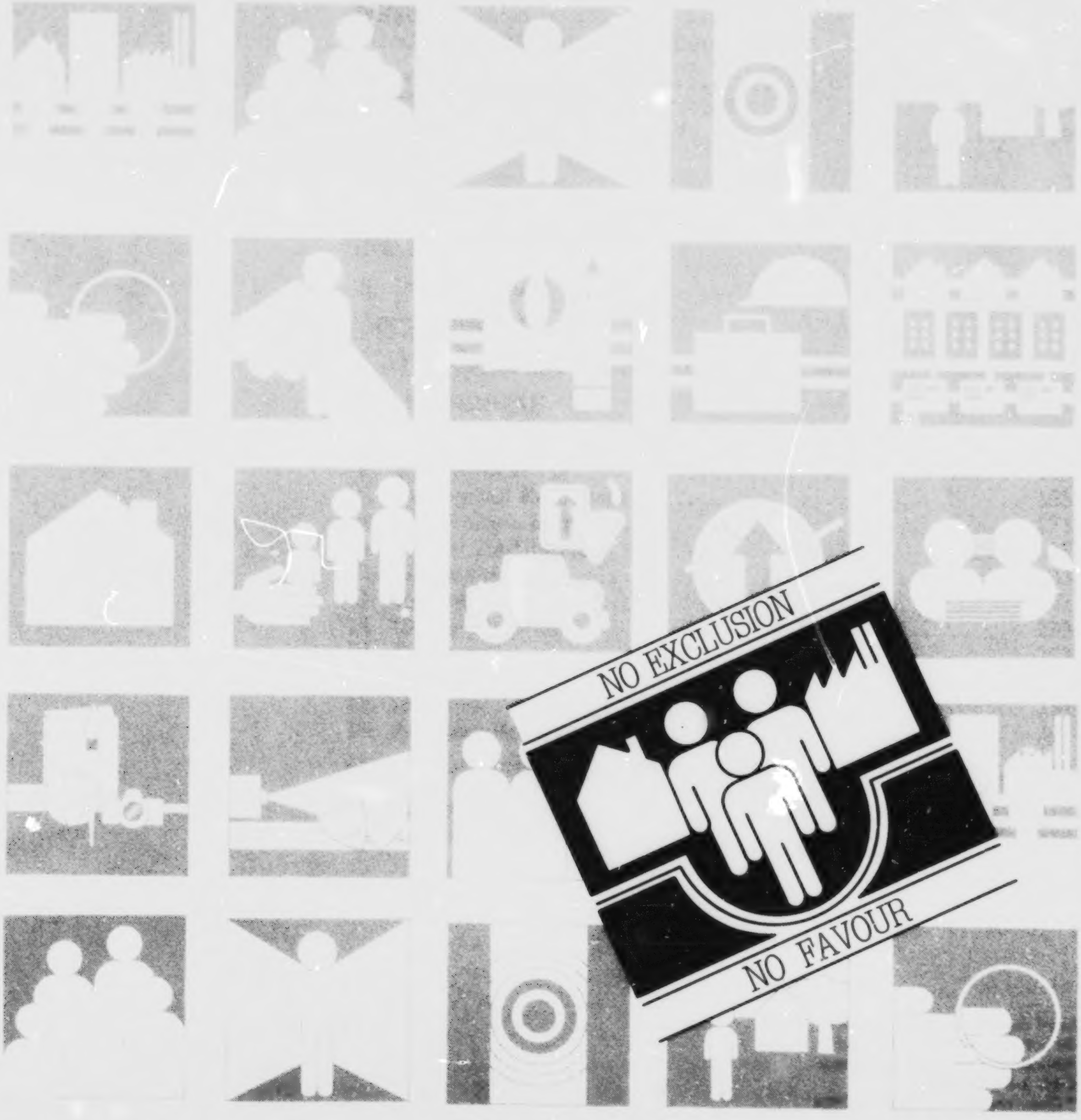
NO EXCLUSION
NO FAVOUR

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Foreword

Chairperson
Laurette Champigny-Robillard

The administrative council of the Office des personnes handicapées du Québec is making public this *Proposal for an overall policy for the prevention of impairments and for the social integration of handicapped persons,* under the mandate entrusted to it by the Cabinet.

In a larger sense, the Office des personnes handicapées du Québec is responsible for promoting the coordination and development of resources designed for the handicapped.

The OPHQ is therefore making available to its collaborators this working tool, so that coordination will be carried out in a spirit of harmony and with a view to rationalization of resources, and with regard for persons and their particular roles.

This proposal for an overall policy is the result of an extensive exchange of participation *on equal terms* by administrators and citizens, in this instance the handicapped.

The contents of the proposal, then, are not mere polemics, for they are the result of a consensus. Suppliers of services will find in this work a planning and decision-making tool.

As regard to the organizations for the promotion of the rights and interests of handicapped persons, a common ground for their claims and representations will be available to them. They have already proven that they know how to work together to achieve common objectives.

This overall policy is intended principally for the promotional organizations. We will endeavour to help them make this policy their own and will continue to work with them towards full social integration.

ON EQUAL TERMS brings us closer to our goal — the members of the Conseil of the Office des personnes handicapées du Québec firmly believe this.

Preface

by Denis Lazure,
Minister responsible for
the Office des personnes handicapées
du Québec

Over the last few years, several important events in Québec have marked the social movement of the handicapped towards their quest for autonomy and full integration in society. First during the spring of 1977, the gouvernement du Québec published a white paper, **Proposition de politique à l'égard des personnes handicapées.** *In its foreword, the Prime Minister, Mr. René Lévesque and I, mentionned, right at the outset, the magnitude of the task at hand: "Our society, having reached a point where equal rights for all citizens is a major concern, the unacceptable living conditions of the handicapped have brought their issue to the forefront. Québec society is now conscious of the situation of the handicapped and in particular that of handicapped adults".*

During the same period, I tabled Bill 9, **An act to secure the handicapped in the exercise of their rights,** *before the Assemblée nationale. This legislative tool was essential to promote the rights of handicapped persons who were largely involved in the ensuing public debates.*

The act which was substantially altered as a result of the points of view of the various concerned organizations, was adopted in 1978, thus creating the **Office des personnes handicapées du Québec.** *At that moment, it was clear from my perspective that the elaboration of an overall social policy for the handicapped was a major responsability of the future office.*

During the Parliamentary Commission which studied the proposed bill article by article, I insisted strongly that the Office would be a coordinating body.

The efforts to satisfy the needs of the handicapped intensified considerably within all government departments and results were becoming more and more apparent, notably within the fields of social affairs and education. However they remain disparate. There was no overall plan and the white paper was only a preliminary draft of a complete social policy for the integration of the handicapped.

I believe that the last five years have been most productive. An important change of mentality is taking place and the emergence of many promotional associations of the handicapped is an illustration of this social change. There are now over 500 of these associations and their growth is a testimony of the local and regional awareness of the problems facing the handicapped.

By fully assuming its coordination function, the Office was crucial in bringing about ways of promoting educational, vocational and social integration of handicapped persons: the service programme, the contracts d'intégration professionnelle whose success has risen *constantly, the implementation of a network of adapted work centres which is still under way.*

The International Year of 1981 marked at the same time the beginning of the work towards an overall policy. Numerous documents provided food for thought for the regional study groups. It is the work of these study groups that permitted to establish the real situation of the handicapped and the voluminous action proposal book of the **Conference socio-économique sur l'intégration de la personne handicapée.**

This Conference was held in Montréal in December. The Gouvernement du Québec invited its departments and the other decision-makers, employer and employee associations, municipalities, social affairs and education networks authorities, professional corporations to dialogue with handicapped persons concerning the promotion of their rights and interests.

This close collaboration between all parties and in particular the initiative of the deparments brought about a number of concrete actions, as a result, adapted transportation is now available through every public transportation commission and in more than 220 municipalities. It is only since 1977-1978 that the ministère des Transports allocates funds for the transportation of handicapped persons. However, this budget has increased many fold, reaching the figure of 11 000 000.00$ for the fiscal year 1983-1984. This sum serves to reimburse the municipalities and public transportation commissions up to 75% of their costs.

The adaptation of dwellings through the rental supplement programme has made it possible for many handicapped persons to leave the institutional milieu. The construction of low income public housing (HLM) for the aged and for families now provides the architectural accessibility required by the handicapped.

Several municipalities, including Montréal, have adapted their public places to take into account the needs of the handicapped.

Since the passing of Bill 9 and the creation of the Office, considerable progress has been achieved: recently, the vice-president of the House of Commons Commitee on the disabled stated that Québec is "clearly a step ahead of Canada as a whole in terms of its services and policies regarding the handicapped".

The preparation of the overall policy during the two years which followed the socio-economic summit of December 1981 is largely the result of the work of the board of governors of the Office, which brings together in a spirit of fruitful collaboration, representatives of promotional organizations of the handicapped from the various regions, hight-level government officials representing their respective departments and representatives of employer and employee associations.

The President and all the staff of the Office, which includes the regional development officers and all the employees working at the head-office in Drummondville, deserve our gratitude for their contributions in bringing about this important project.

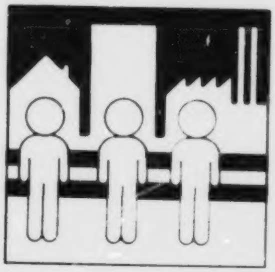
A conference in 1984 will bring together the persons and the organizations principally concerned by the proposed overall policy: until then, they will have the time to react to this proposal and establish their action priorities.

It is also the case for the government which asked the Office and all the concerned departments to evaluate the costs of carrying out the *recommendations. This will permit the spokesmen of the government to clearly inform the handicapped and the public in general, during this conference, on the choice of a realistic calendar for the implementation of the recommendations.*

This policy proposal for the social integration of handicapped persons which is now put forth before the government will be the long-term frame of reference for all those who want to contribute to the realisation of the desired social change.

There is an enormous task at hand and we are all concerned.

ON EQUAL TERMS will help us bring it about, by working together from a common perspective.



Making it possible

[illegible]

How can we offer the handicapped the opportunity to feel at home in Québec society? This objective and the social project that it involves is shared by both decision-makers and the population. But, in practice, how can this problem be solved? Most importantly, do we have the means?

The present economic difficulties force us to make choices. How can the handicapped make themselves be heard in a period when austerity prevails? Will the improvement of their quality of life involve a larger public investment at a time when the government's ability to satisfy collective demands is being questioned? Does society have an obligation to respond to the particular needs of its citizens?

Many people believe that the social integration of the handicapped requires a financial investment that we cannot afford in the 1980s. Of course, the economic climate is constantly changing and could favour a useful and desirable development of resources. In fact, this is not the central issue. The challenge of ON EQUAL TERMS involves more than just additional funding.

The answers must come from a solidarity which is neither the privilege of government nor of any isolated group. This solidarity, together with decisions and negotiated modifications, must have a profound significance for society as a whole. In order to define the means, we must agree on objectives which could be attained by:

- an effort to reorganize existing resources;
- the roles of government and the responsible groups complementing each other;
- better information on the utilization of public funds, in order to promote a better understanding of the true impact of this spending on the quality of the life of Quebecers, be they handicapped or not;
- a collective desire to make social changes.

Reorganizing Existing Resources

The objectives established in each sector represent the framework for change we propose to implement. Their realization will involve sweeping social changes. For example, by continuing to maintain the handicapped in their home environment, we are reducing the investment in institutions, which are very costly to run and maintain. This involves a reevaluation of the concentration of human resources, work categories, and other complex issues.

In the attempt to improve the quality of daily life of the handicapped we risk going in certain directions which could easily become far removed from their initial purpose. Can we ensure the ongoing transfer of resources to para-public and community agencies in order to offer home services, the support of integration into society, and the adapting of community facilities and services to the needs of the handicapped? How can we ensure that our measures will be effective in developing new job creation services, in offering an active and fulfilling life for thousands of persons now dependent? If we neglect the development of community support resources, we would run the very great risk of isolating the handicapped in the community and accentuating their feeling of being outcasts. Therefore, the reorganization and integration of our resources is a priority for the realization of the recommendations.

Government and Communities: complementary roles

The goal is to reduce the lack of organization and disparity in programmes for the handicapped. This is why it is so important to clearly define responsibilities, to develop skills for the gathering of information, to analyse the cost and effectiveness of the programmes to make better use of existing resources. In order to co-ordinate ministerial projects and flexible programmes designed for local needs, certain decisions must be made at the regional and local levels. Therefore, the community must share in defining its needs, in organizing and managing its services.

For the handicapped and their families, this means the possibility of being involved in, and voicing their opinions about, individual and collective decisions which directly concern them. It is also necessary, without giving privileges to the handicapped, to hand over certain responsibilities to groups who will be responsible for the environment and moving of the handicapped, at the same time assuring that they will have the information and support needed to function in both expanding and advisory capacities with other interested parties.

The idea of *public service* must be broadened to include varied and imaginative community initiatives and experiments. On the one hand, there is a tendency to deplore lack of community involvement and yet it seems that local initiative for self-organization continues to be discouraged. At any rate, active participation in an organization or project is justified only by the interest that the individual hopes to generate. This interest is often actively expressed in community projects. However, the temporary nature of these projects, the uncertainty of receiving subsidies and the lack of support and recognition of the role they play by the public service networks, results in a serious waste of energy, job losses, dashed hopes and an increased lack of interest in the community.

It is important to move on to a fair evaluation of the contributions of these local initiatives for improving the quality of life of the handicapped, to assure them a long-term existence and to recognize them as being of public interest. Numerous self-help and activities networks already exist. They differ according to the mentality, traditions, socio-cultural and economic realities of the area in question. The solution of a given problem varies according to each community. Does the need for control and regulation in the management of public funds and the organization of resources justify a lack of confidence in the ability of persons to take charge of their own situation and does the ever-present fear of social injustice impede the organization of effective mutual aid service networks?

The objective of establishing a fine balance between public programmes and community initiatives is intended to expand the responsibility of the communities in regard to the health, quality of life and fulfillment of specific needs of the handicapped in the community. Perhaps the democratic government is too centralized and its administrative procedures too rigid, but the main issue is that the government does not have the power attributed to it, and which the public is led to believe it possesses.

For example, not asking the government to do everything, means giving the handicapped the right to individual management of certain services useful for his integration, such as home aid or physical aid. It also means encouraging the community to implement services adapted for transportation, recreation, work, and social integration which does not necessarily require professional intervention, but much rather an interest, a state of mind and a specific "know how". These community services must be considered to be contracting parties of the various supervisory public service networks. They need not be integrated into these networks on a systematic basis but should be encouraged and supported by local development programmes designed to create a truly dynamic community.

The integration of the handicapped: an investment to be explained

The future of handicapped Quebecers also depends on their having equal access to all social and economic resources, such as public guaranteed income plans, health and social services, education and the job market.

There is currently a very serious lack of confidence in the effectiveness of public services. The population pays multiple taxes, social dues collected like fees, without really knowing in return where and how these funds are used. Compulsory deductions lead to a loss of responsibility, an inevitable and confused demand for government intervention, and constant frustration since practically no one knows what proportion of his contribution benefits him in the form of collective services.

If social change is desired in order to reorganize resources and reduce the chances of the occurrence of physical and mental impairment with their attendant consequences, information must be given to the population and various social agencies. It means explaining the relative size of the necessary investments, as well as the impact of these measures on the social and economic security of the entire community. It is in the interest of each and every person. It must be clearly understood that the question of handicaps such as old age will be of utmost importance for the future development of our society. These changes in living conditions concern the entire population and the investments they involve must be clearly explained and publicized.

A collective willingness for social change

The handicapped have the same rights as every citizen, but in their daily life, no law or constraint can ensure that their differences will be respected; it involves attitudes, mentality, interest and support groups. Grave injustices continue to occur and an intense effort must be made to correct them. Proposals of overall strategies to ensure effective conditions for the social integration of the handicapped are the result of a remarkable effort of cooperation and thinking on the part of all the social partnerships. Expressing a community wish to implement social change in the context of 1980s poses a real challenge.

ON EQUAL TERMS... is proposed to all as a mandate emerging from the urgency of the situation of handicapped Quebecers and as a collective tool which everyone must use to form new "no exclusion no favour" rules.

1.
A Social Progress

Introduction

Only since the 1960s has the exclusion of the handicapped from society been acknowledged in Québec. In view of this, the government of Québec entered the picture with plans for further decision-making, especially since the early 1970s.

Before that time, some legislation had dealt with the handicapped in a manner both incomplete and poorly directed. This legislation concerned people who had serious psychological problems, workers injured on the job, war veterans and destitute persons. The government also became active in a social welfare context.

ON EQUAL TERMS is a decisive step in the governmental processes.

From ghetto to solidarity

On looking back, it seemed that society silenced the handicapped. According to circumstances, they became subject to protective measures, assistance and control by the community, family, religious orders and charitable organizations. It was the tendency for someone else to make decisions regarding their well-being. Seen as outcasts, they were isolated, on the fringe of society, even thought to be incapable, irresponsible, to be kept in an inferior, dependent state.

By the end of the 19th century, some outstanding plans for action on the part of private persons and organizations were established in mutual aid services, housing facilities and educational programmes.

These were designed especially for persons with mental, visual or hearing impairments. But, in the course of the 20th century, this resulted in a more wide-spread use of institutions for the handicapped, which tended to separate them, sometimes permanently, from the everyday world.

After the First World War, there appeared a tendency to bring together families and persons with specific impairments by means of organizations such as Canadian National Institute for the Blind, Canadian Mental Health Association, War Amputees of Canada. The Second World War accentuated this trend, especially for war veterans.

Progress in rehabilitation techniques made a big change in the future prospects of handicapped veterans. Other handicapped people were to take advantage of this break-through to validate their rights to services necessary for their development and their participation in society — to become independent and no longer subject to public services.

The first associations established the services needed by their members. Then, they increased their pressure for the integration of those services into the public and para-public systems.

The "discovery" of the handicapped

In 1971, the Commission of Inquiry on Health and Social Welfare (Castonguay-Nepveu Commission) describes the deplorable living conditions of the handicapped in Québec(1). At that time, being handicapped meant in effect having a total or partial disability preventing employment.

The Commission clearly identifies some causes of the marginal situation of these people:

- the handicapped are not recognized as full-fledged citizens;
- they have a very low standard of living;
- they do not have access to the labour market;
- specialized resources are concentrated in Montréal and Québec City;
- services are set up without proper planning or coordination;
- not all the handicapped have equal access to rehabilitation services;
- prevention is a little-known aspect of policies.

It concludes that government intervention is necessary in order to control the causes of impairments, minimize their social consequences and encourage the integration into society of the handicapped through clearly defined management of resources and services.

From being protected to the exercising of their rights

Beginning in 1973, things started to happen more quickly. The ministère des Affaires sociales and de l'Éducation began to pay particular attention to children who were experiencing problems adjusting to their environment(2).(*Unofficial translation*)

On June 28, 1976, Claude Forget, Minister of Social Affairs, introduced Bill 55, concerning the protection of the handicapped, for study by a Parliamentary Commission. For the first time in Canada, it was proposed that every handicapped person be entitled to the recognition, exercise and protection of his rights. However, the Bill was geared toward the vocational reclassification of adult persons who were slightly impaired.

The Bill proposed to set up an agency for the handicapped to provide them with information and counselling designed to promote their interests and facilitate their vocational reclassification. It was proposed that only four representatives of the handicapped were to function as part of the agency.

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(1) *Le développement*, Commission d'enquête sur la santé et le bien-être social, tome II, vol. III, 1971.

(2) *Les services à l'enfance*, mémoire de programmes, ministère des Affaires sociales, 1973. *L'éducation de l'enfance en difficulté d'adaptation et d'apprentissage au Québec*, rapport du Comité provincial de l'enfance inadaptée (COPEX), ministère de l'Éducation, 1976. *L'école québécoise: l'enfance en difficulté d'adaptation et d'apprentissage*, énoncé de politique et plan d'action, ministère de l'Éducation, 1978.

This was a positive step forward, but the representatives of the handicapped denounced the lack of prior consultation in no uncertain terms. Its paternalistic and *special* nature came under severe criticism, and 30 briefs were submitted to the Parliamentary Commission.

> "... This law is a trap, full of contradictions. We never demanded a law to protect us, even had it been given to us in good faith. We want nothing less than to be equals in society concerning the exercice of the rights and freedoms accorded to everyone... To us, the Bill is doubly discriminatory. Not only does it place the handicapped in an inferior social class, it also singles out from within this class, a subgroup of the handicapped who alone will be able to avail themselves of the services of this agency".(3) (*Unofficial translation*)

What is the definition of the handicapped? According to the Bill a person was considered eligible for assistance from the projected agency if he had at least 20% mental impairment or 30% physical impairment. Criticism of an easy way of classifying people according to a presumed 100% for the unimpaired, led to an increased awareness of what makes up a handicap.

The lack of an overall policy is severely criticized. The Bill is too piece-meal; the work place is not the only area from which the handicapped are excluded. There is also the fear that such an agency could become a bureaucratic structure directing almost arbitrarily the lives of one segment of the population. It also risks setting up a network of parallel services.

The white paper

The elections of 1976 put an end to the work of Parliament. In April 1977, the new Minister of Social Affairs, Denis Lazure, submitted for examination and discussion, the White Paper, Proposal of a policy with regard to the handicapped.

The White Paper deals mainly with adults and calls for cooperation in finding solutions to better the quality of life of the handicapped. It concerns,

> "... those persons who, due to a physical or mental impairment, whether permanent, congenital or acquired, experience great difficulty in finding fulfillment in the activities and roles normally expected by society."(4)

nearly 5% of those Quebecers 18 to 64 years of age.

It draws a realistic picture of the living conditions of the handicapped, emphasizing:

- their dependence on family or institutions;
- their lack of organization;
- their restricted access to public services;
- the low level of their integration into society.

It concludes that an overall government policy and co-ordinated intervention are equally necessary. Objectives dealing directly with the attitudes, environment and inefficient social organization are defined for the first time:

- promoting the independence of the handicapped;
- developing and maintaining their potential;
- facilitating their access to public services;
- facilitating their integration into activities considered routine in our society;
- gradually ensuring government funding of the costs incurred by a handicap.

So, the White Paper adopts a new ideology which has been developed in the Scandinavian countries over the last ten years, that of *normalization*; promoting an ever greater participation on the part of the handicapped and focusing demands they make on the government.

Normalization is based on two fundamental concepts:

- the handicapped can and must benefit from the routine living conditions enjoyed by the rest of the population;
- the way in which they are perceived by the general population is of prime importance to their integration.

It is therefore a question of making it easier for the handicapped to remain in a home environment and to ensure their maximum participation in routine activities.

The new bill

On June 3, 1977, without waiting for reaction to the document, the Minister went ahead and introduced the Bill which was intended to state very clearly the goals and principles of the White Paper.

The new Bill is broadened to include the educational and social integration of all the handicapped, of any age, whatever their physical or mental limitation. It involves, directly, several Departments and specifies a co-ordination, and not the provision, of services for the projected agency for the handicapped. However, it still contains some special measures which will let loose another general outcry:

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(3) Jean-Pierre Bouchard, chairperson of the Comité québécois pour les droits de la personne handicapée, September 28, 1976, La Presse.

(4) *Livre blanc: proposition de politique à l'égard des personnes handicapées*, ministère des Affaires sociales, April 1977.

- recognition of special rights;
- compulsory identification cards;
- promotional organizations must be recognized by the Office des personnes handicapées.

During the summer an extraordinary number of briefs were written (63)! There were also numerous conferences including talks by the ministère des Affaires sociales[5] officials with associations of the handicapped, hereinafter called *promotional organizations*.

This period of time triggers deep and serious thought within the various milieus and makes possible another decisive step towards understanding the problems encountered by all the handicapped and those close to them. The extent of the reaction to the Bills results in a definite liaison between several organizations, a co-

[illegible] OF GOVERNMENT ACTIONS

1879	An Act respecting Lunatic Asylums in the Province of Quebec, subsidized by the government
1909	An Act respecting the responsibility for accidents suffered by workmen in the course of their work, and the compensation for injuries resulting therefrom
1921	An Act to establish the Quebec Bureau of Public Charities
1945	Family Allowance Act
1945	An Act to institute Public Curatorship
1961	An Act to establish hospital insurance
1962	Hospital Act. This Act establishes a system for controlling professional acts, and the management of the institutions, entrusted to administrators, is gradually given up by religious communities
1962	Bédard — Lazure Report — Commission to study on Psychiatric Hospitals
1963	Boucher Report — Report of the Study Committee on Public Assistance
1964	An Act to establish the Department of Education and the Superior Council of Education
1966	Medical Assistance Act
1967	Quebec Family Allowances Act
1969	Social Aid Act
1970	Quebec Health Insurance Board

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[5] Feux verts, November 1977.

operative effort by their members and a better understanding of what is at stake in effectively integrating all the handicapped into society.

The central theme of these groups is the exercise of human rights. This period also witnesses a number of interventions of a political nature, by organizations and spokespersons more deeply committed in an area which has basically little, or no, political orientation. This is easily explained by the fact that the part of the population composed of the handicapped has been systematically excluded from all democratic decision-making processes. In a marginal but significant manner, through some public demonstrations and exposure in the media, the movement becomes stronger than ever before.

A common front is then formed which calls for the withdrawal of the Bill or at least major modifications to it. The front publishes a manifesto on October 25, 1977[6]. Even before the Parliamentary Commission is established, the Minister specifies that the agency will be a small

[redacted]

1970	Social Affairs Department Act
1971	An Act respecting health services and social services, following the report of the Commission of Inquiry on health and social welfare. This Act co-ordinates health and social services
1972	Mental Patients Protection Act
1973	Child Services: Report of programmes by the Minister of Social Affairs
1976	The education of children experiencing difficulties in adjustment and learning
1977	An Act to establish the Régie de l'assurance automobile du Québec
1977	White Paper — Proposal of policy in regard to the handicapped
1977	Youth Protection Act
1978	Policy and outline and plan of action concerning children experiencing adjustment and learning difficulties, ministère de l'Éducation.
1978	An Act to secure the handicapped in the exercise of their rights. This Act creates the Office des personnes handicapées du Québec and changes a number of existing laws in order to facilitate the social, educational and vocational integration of the handicapped.
1979	Commission de la santé et de la sécurité du travail (established pursuant to section 137)
1980	An Act to establish a new Civil Code and to reform family law
1981	Socio-economic conference on the integration of the handicapped
1982	For our pleasure — Regarding a policy of recreational activities for the handicapped, Department of Recreation, Hunting and Fishing

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(6) By virtue of Act 101, the designation of the departments and organisms of Québec remains in French.

organization which will be mandated to prepare an overall policy. In response to the briefs presented, he announces major amendments. Because of its good reception in the Parliamentary Commission most of the promotional organizations feel very pleased that they were instrumental in softening the government's position and have only token reservations as they await publication of the final version of the Bill.

In April 1978, following a period of silence on the part of the government, a representative of the Minister speaking to the delegates at the World Conference on maladjusted children states:

> "The rights of the handicapped are exactly the same as those of any other citizen, and their recognition will be written into the Charter of human rights and freedoms. Thus, this principle will be an integral part of the Charter: a person's handicap must in no way hamper equal opportunity for him, and the handicapped must be protected against all forms of discrimination and exploitation."(7)

The Act to secure the handicapped in the exercise of their rights

The new act, passed June 23, is further improved through the work of the standing committee on social affairs. At the close of the discussions, the participants are pleased with the quality of the final text, the Minister stressing the fact that employees of the ministère worked nearly four years on the project. A member of the opposition, Thérèse Lavoix-Roux, concludes:

> *"It has been useful work, Mr. Minister, (…) there was a change in thinking which had to occur, and not only within the population, where much remains to be done, but even among the handicapped themselves (in specifying exactly) what they wanted. Outwardly, at least, there seems to be a consensus."*(8)

In this Act, the handicapped person is defined as:

> *"a person limited in the performance of normal activities who is affected, significantly and persistently, from a physical or mental deficiency, or who regularly uses a prosthesis or an orthopedic device or any other means of palliating his handicap"*

The handicap and the means of making i bearable become grounds for possible discrimination, as inserted in section 10 of the Charte of human rights and freedoms.

The Act is implemented in segments, and o November 8, 1978, the Office des personnes handicapées du Québec (OPHQ) is officially created

The administrative council of the Office i composed of eight members, including the vice chairman, appointed by the government afte consultation with those promotional organizations most representative of the various region of Québec. Two additional members are appointed, one after consultation with employers' federations, the other following consultation wit employees' associations. Finally, nine deput ministers, representing the principal Department involved, are named, but they do not have th right to vote.

Laying the groundwork

The role of the OPHQ is defined as follows

- to co-ordinate the services provided to th handicapped and to promote the developmen of these services;
- to expand and implement plans ensuring th social, educational and vocational integratio of the handicapped;
- to promote and defend their rights and interests;
- to contribute to the furthering, developing an using of information relating to the handicapped, and to make this information available to all.

With a few permanent members and a nev Board of Directors, as the OPHQ begins its work comes the time for laying the groundwork, a period of definition and conceptualization in orde to make it possible for the Act to start to produc some concrete results(9). At last, the handicapped have someone who will listen to them as is evidenced by the receipt of many and complex requests for individual service programmes

The remaining challenge is to convince th promotional organizations that the OPHQ i functioning effectively so that each social agency will assume its responsibilities towards th handicapped and, as a result, the OPHQ can b phased out as an intermediary in the affairs o the handicapped.

The new organization, in its co-ordinatin role, is called on to cooperate with a number o

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(7) Le Devoir, April 28, 1978.

(8) Journal des débats, 3ᵉ session, 3ᵉ législature, Commission permanente des affaires sociales, B 5382, June 14, 1978.

(9) *Politiques générales*, OPHQ, 1979.

[illegible]

BILL 55	BILL 9	AN ACT TO SECURE THE HANDICAPPED IN THE EXERCISE OF THEIR RIGHTS
June 28, 1976	**June 3, 1977**	**June 23, 1978**
Protection of the handicapped	Recognition of special rights	The handicapped able to exercise their rights like all other citizens
Handicapped person seen as functioning with a percentage of disability to be decided with discretion	All handicapped persons	All handicapped persons
Compulsory identification card and registration with the Office	Compulsory identification card	Non-compulsory identification for parking and security purposes
Recognition of guide dogs	Define places where a guide dog may be taken	Charter of human rights: "any means to palliate his handicap"
4 representatives from promotional organizations on the Office's 10-member Board of Directors	4 promotional organization representatives out of 11-member total	8 promotional organization representatives out of 11-member total
The role of the Office is to inform and advise, to promote the interests of the handicapped and to facilitate their vocational reclassification	The role of the Office is to inform and advise, to promote the interests of the handicapped and to facilitate their vocational and social integration	The role of the Office is to inform and advise, to promote the interests of the handicapped and to facilitate their vocational and social integration
Vocational reclassification plan	Service programme	Service programme
Vocational rehabilitation contract; twice renewable	Vocational integration contract; twice renewable	Renewable contract of vocational integration
Protected workshop	Protected workshop	Adapted work centres
Employment quota for the handicapped (3%)	Employment quota for the handicapped (up to 3%)	Employers required to submit hiring programmes
Exemptions due to the Minimum Wage Act and by the Collective Agreement Decrees Act, following consultation with the Office	This provision is repealed	Provision not reintroduced
No provision for educational integration	Modification of the Education Act concerning people from 18-21 years age	Modification of the Education Act concerning people from 18-21 years age
No provision for integration into society	Modification of legislation to guarantee transportation and housing	Modification of legislation to guarantee transportation, housing, adapting of telephone, sidewalks and parking facilities, as well as accessibility to public buildings

agents from all areas. It must allay any fear they have of encroachment upon their jurisdiction and questioning of their authority.

The difficulty, of course, is the magnitude of a plan for social change ranging from the prevention of impairment to the proposing of practical actions to eliminate social barriers which confront the handicapped in their daily life; there must be a concerted effort to agree on a specific framework for change which still respects the individual and his hopes for independence.

The initial outlines of this project at the OPHQ are based on data gathered by its various services, notably the clientele service: indeed, requests for services expressed by the handicapped whose needs have not been satisfied, serve to illustrate time and again inconsistencies in the present system, as well as too many cases of isolation and downright absurdity.

1981: a springboard year

The U.N. declares 1981 the **International Year of the Handicapped**. During this exceptional year, the sweeping task of informing the public is undertaken. In the milieu, it is evident that the time is ripe for cultivating a better understanding of what is reality for the handicapped and those close to them.

During this international year, one event in particular stands out from the many others: the Symposium on the Rights of the Handicapped in March 1981(10). The movement for independence of speech by the handicapped was a highlight of this symposium. Most of the 450 participants were handicapped people who had met for three days to consider any obstacles preventing the exercise of their rights. Very clearly, and using a definition of the term "handicap" especially in a social context, each person was asked to tell about incidents they had experienced which they saw as intolerance and the unwillingness to adjust rules of our society for those people having impairments.

When the minority becomes the majority, as was the case during those three days, there is a veritable explosion of ideas and experiences and a reversal in the positions of strength. For the first time, such a large-scale meeting does not control specialists speaking for the handicapped, but is made up of the persons directly concerned. Approximately a hundred recommendations are drawn up regarding every aspect of the lives a integration of the handicapped.

Throughout Québec much is done to infor the public and the social partners. Howeve many ask **what will happen after 1981?**

Towards an overall policy

It is with this in mind that the OPHQ preser a plan for the development of an overall polic which is approved by the Council of Ministe on March 11, 1981. The fact that the project w submitted during the International Year of t Handicapped helped to bring about rapid i plementation.

An interdepartmental committee guarante participation in the undertaking of twelve Depa ments as well as representatives from the prom tional organizations. It coordinates elev provincial conferences which include all of t public, parapublic and private organizations tively working in all aspects of the life of t handicapped.

Two hundred persons take part in the provincial discussions, while at the local level work groups collect regional and local data, p ticipating in the same way as all of the interest parties: roughtly 3 000 participants.

The enormous amount of work accomplish by the conferences and groups forms the ba of ON EQUAL TERMS. In the short term, made possible the writing about **a statement the situation**(11) to provide essential informati for the delegates at the Socio-Economic Conf ence held December 7-9, 1981.

The Socio-Economic Conference on the tegration of the handicapped is an importa event for the entire province. For many, as t International Year comes to an end, this conf ence serves to bring to the attention of the pu lic in general problems faced by the handicappe

For the promotional organizations, it mar the occasion of their official recognition as f partners. They earned their partnership by th participation in the conferences, by meeti among themselves, and also by holding a mi conference prior to the three-day meeting. Hen they arrived with well-documented propos representing all of the promotional organizatio

For the OPHQ, it is a step forward in the velopment of an overall policy, making it pos ble to evaluate the data collected and hast public decisions as to what are the most urgent measures. A team coordinated by the Secrétariat des conférences socio-économiques with the support of the OPHQ organized the event, which was presided over by Denis Lazure, Minister responsible for the OPHQ,

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(10) March 20-22, 1981, in Québec City, organized by the Association de paralysie cérébrale du Québec, for all the handicapped persons.

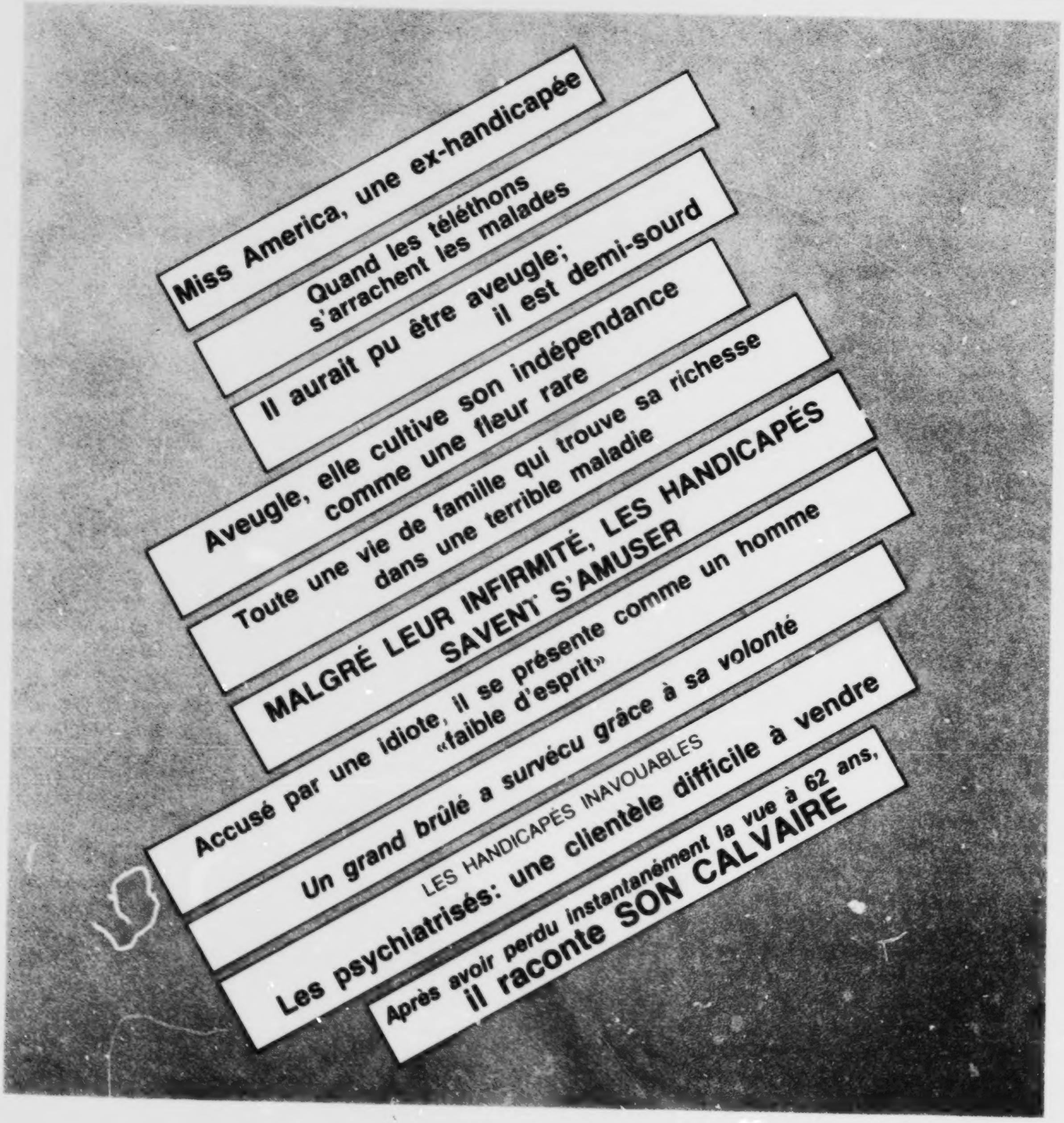
(11) *L'intégration de la personne handicapée — État de la situation*, Secr riat des conférences socio-économiques du Québec, 1981.

During the Conference, 40 organizations spoke on behalf of 400,000 handicapped Quebecers and debated with the various representatives of the dozen Departments involved in the discussions. This event resulted in a significant awareness of the urgent needs of the handicapped. It clearly emphasized the need for concerted effort in order that the ministerial decision-makers and representatives of business, labour, cooperation, municipalities, urban communities and service networks can effectively assume their responsibilities towards the handicapped.

Most of the participants made definite commitments, which will be recalled in each theme and examined by ON EQUAL TERMS.

What is the future of this movement for the independence of the handicapped? Ten years from now will the province of Québec be considered a place where life is good for functionally limited persons? The answer to this question is in the hands of decision-makers and the population as a whole. The new and still growing attention to the pleas of the handicapped will perhaps lead to a solidarity which is important... perhaps very important to us all.

2.
The Overall Perspective



Miss America, une ex-handicapée

Quand les téléthons s'arrachent les malades

Il aurait pu être aveugle; il est demi-sourd

Aveugle, elle cultive son indépendance comme une fleur rare

Toute une vie de famille qui trouve sa richesse dans une terrible maladie

MALGRÉ LEUR INFIRMITÉ, LES HANDICAPÉS SAVENT S'AMUSER

Accusé par une idiote, il se présente comme un homme «faible d'esprit»

Un grand brûlé a *survécu* grâce à sa *volonté*

LES HANDICAPÉS INAVOUABLES

Les psychiatrisés: une clientèle difficile à vendre

Après avoir perdu *instantanément* la vue à 62 ans, il raconte SON CALVAIRE

Introduction

There is still much confused thinking about the handicapped. Efforts are under way; efforts to define terms, the understanding of which, does a great deal to promote the knowledge of what causes impairment, what is disability, how a person becomes handicapped. Thus, one obtains an overall view which structures ON EQUAL TERMS and without this perception it would lose so much of its direction.

From crippled to the handicapped person

More than a simple tool of communication, language illustrates how thinking becomes reality. So it is not surprising that words describing the handicapped are now being reviewed, as well as their changing place in society.

Gradually, terms such as *crippled, sick, moron, insane, crazy, abnonnal* are being rejected, terms which no longer fit into the perception we have of these people. Whereas in the past, the particular use of words was in keeping with the times, for about the last ten years, there has been a systematic review. The term *handicap* has thus come into use because it has the significance of social barriers.

Linking the words *person* and *handicapped* marks a new step forward: this stresses the fact that being handicapped is only one characteristic of a person. The seriousness of handicaps varies greatly, so this characteristic does not say much about the real person. Perhaps it would be more accurate to say, *a person who is living with a handicap*. Instead of *mentally retarded*, it would be preferable to say, in the same view, *a person with a mental impairment*, instead of *blind, a person with a visual impairment*; etc.

Vocabulary in current use, however, demonstrates clearly that prejudice persists as well as ignorance of the changes that occured in the past few years. Some terms are still used in colloquial and harmful ways, such as "You are not crippled!", "Are you blind?", "or moron". "You are retarded", etc.

Moreover, the introduction of the notion of "person" resulted in such a phrase as *person suffering from a handicap* etc. Words like *suffering* or *afflicted* perpetuate reference to the illness and do not help to promote the image of independent persons trying to become actively integrated into society.

As for the press, it continues to hold the attention of the reader with *a sensationalism which emphasizes dependence and pity* rather than the recognition of the same rights as the general public.

Or instead, exceptional qualities are attributed to the handicapped to make them seem like super-heroes and good "examples". We hear about the *fantastic courage* and *unbelievable willpower* of the handicapped. This tendency to place them on a pedestal and thus separate them from the rest of the population is another form of exclusion still with us.

Obviously, vocabulary cannot achieve widespread use without a change in thinking. Since words are the means for bringing about a better understanding of the real situation, efforts to use a more suitable vocabulary are being made by those most involved in the social integration of the handicapped.

Defining the appearance of a handicap

Confusion still prevails regarding definitions. Each type of establishment, each service network and each profession uses terminology according to its own specific approach and needs. However, during the last few years, there has been a better understanding of the causes of handicaps. To gather useful data about the people concerned, their individual and collective needs, and to plan the necessary courses of action, an integration of terminology must take place.

The World Health Organization has proposed a classification of impairments, disabilities and handicaps which is a very valid starting point(1) for the most of the research currently being done in Québec.

In order to fully understand why a person is handicapped, it is necessary to distinguish four interrelated elements: the causes, the impairments, the disability, the handicap.

Causes

An international classification of diseases, the result of a strictly medical approach, has existed for many years. This is a limited approach because the reactions of the person involved, or the people around him, or on whom he is dependent are not taken into account. The concept of the disease does not help to understand the phenomenon of the handicap.

Causes related to the handicap problem are those which lead to an impairment: be it pathological, congenital or acquired, traumatic as the result of an accident, a hazardous environment, or a particular life style.

Handicapped persons cannot be identified as being ill, but their situation may have been caused by disease. The important thing is for us to understand the consequences, which have an effect on their everyday lives.

(1) *International Classification of Impairments, Disabilities and Handicaps*, World Health Organization, Geneva, 1980.

EXAMPLES

Cause	Impairment
Following a car accident, a person has an arm amputated.	Loss of a limb
In the 1950s, the drug Thalidomide adversely affects the fetus and causes congenital malformations.	Atrophied limbs
A person receives serious facial burns in a fire.	Deformity Blindness
Presence of an additional chromosone	Down's syndrome

Impairment

AN IMPAIRMENT IS A LOSS, A MALFORMATION OR ABNORMALITY OF AN ORGAN, OF A STRUCTURE, OF A FUNCTION, BE IT MENTAL, PSYCHOLOGICAL OR ANATOMICAL. It is the result of a pathological condition which is objective, observable and measurable and which can be evaluated and diagnosed.

A person can have one or more impairments, each of a different dimension. The same impairment in different persons can have different causes. For example, paralysis can be caused by a viral disease, an accident to the spinal cord or by a cerebrovascular accident, but the result is the same: the limb is paralyzed. In the same way, psychological abnormalities can have different causes according to environment, the person's habits or organic abnormalities caused by disease.

A classification of impairments is absolutely necessary to obtain information about the number of persons involved and to evaluate, in a most responsible manner, the effectiveness of health measures in Québec.

The only data currently available concerning impairments is strictly quantitative and provides no information about the obstacles to social integration encountered by the handicapped. For purposes of prevention, diagnosis or treatment, it may be useful to know that a given number

CLASSIFICATION OF IMPAIRMENTS
World Health Organization Classification (WHO)

CATEGORIES	SUBCATEGORIES
1. Intellectual impairments	— Impairment of intelligence — Impairment of memory — Impairment of thinking
2. Other psychological impairments	— Impairment of consciousness and wakefulness — Impairment of perception and attention — Impairment of emotive and volitional functions — Behaviour pattern impairments
3. Language and speech impairments	
4. Aural impairments	— Impairment of auditory sensitivity — Other auditory or aural impairments
5. Ocular impairments	— Impairment of visual acuity — Other visual and ocular impairments
6. Visceral impairments	
7. Skeletal impairments	— Impairment of head regions — Mechanical and motor impairments of limbs — Deficiencies of limbs (amputation)
8. Disfiguring impairments	
9. Generalized functional, sensory and multiple impairments	

IMPAIRMENT CATEGORIES USED IN QUÉBEC

— mental impairment
— psychological or emotional impairment

— speech impairment
— hearing impairment
— visual impairment

physical impairments

— motor impairment
— organic impairment

sensory impairments

have an aural impairment, but it is not very helpful in understanding the individual and collective obstacles to social integration encountered by the handicapped.

There is still an area of confusion between the existence of an impairment and the realities, individual and social, which result from it. Classing persons according to impairment sets them apart and suggests that a group of persons with similar impairments may have the same needs or characteristics. It is therefore necessary to proceed with caution and to obtain more specific information about daily activities seen as normal in a given group.

Disability or functional limitation

A DISABILITY IS ANY REDUCTION (RESULTING FROM AN IMPAIRMENT) EITHER PARTIAL OR TOTAL, IN THE CAPACITY TO CARRY OUT AN ACTIVITY, IN THE MANNER, OR WITHIN LIMITS, CONSIDERED NORMAL FOR THE AVERAGE HUMAN BEING.

It is the direct result of an impairment in the daily functioning of a person. It is linked to the person's reactions, to the causes and circumstances relevant to the appearance of the impairments such as age, technical aids and adaptation

CLASSIFICATION OF DISABILITIES
World Health Organization (compilation OPHQ)

CATEGORIES	SUBCATEGORIES
1. Behaviour disabilities	— awareness disabilities — disabilities in relations
2. Communication disabilities	— speaking disabilities — listening disabilities — seeing disabilities
3. Personal care disabilities	— excretion disabilities — personal hygiene disabilities — dressing disabilities — feeding and other personal care disabilities
4. Locomotor disabilities	— ambulation disabilities — confining disabilities
5. Body disposition disabilities	— domestic disability — body movement disabilities
6. Dexterity disabilities	— daily activity disabilities — manual activity disabilities
7. Situational disabilities	— dependence and endurance disabilities — environmental disabilities

or rehabilitation programmes available to compensate for the functional limitation. In ON EQUAL TERMS, the term functional limitation is also used to designate a disability.

In Québec there is no valid data concerning the significance of functional limitations experienced by people who have impairments(2). A classification of disabilities should make it possible to define needs, and to make better use of the resources needed to meet them.

In this way, we could evaluate, for each person, the total capacity to take his part in society and to perform tasks: taking care of his living quarters, establishing relationships, using public transportation, having access to means of communication, having a job, etc. This is very important for adaptation and rehabilitation programmes, which are designed to compensate for functional limitations and to develop the independence of each person.

There is still much to do to obtain adequate means for evaluating these capacities. However, the main thing is: in effect, disabilities are the direct result of an impairment which affects the activities of a person. They must be taken into account in any standardization systems for subsidy, for equal opportunity and for an adapted environment.

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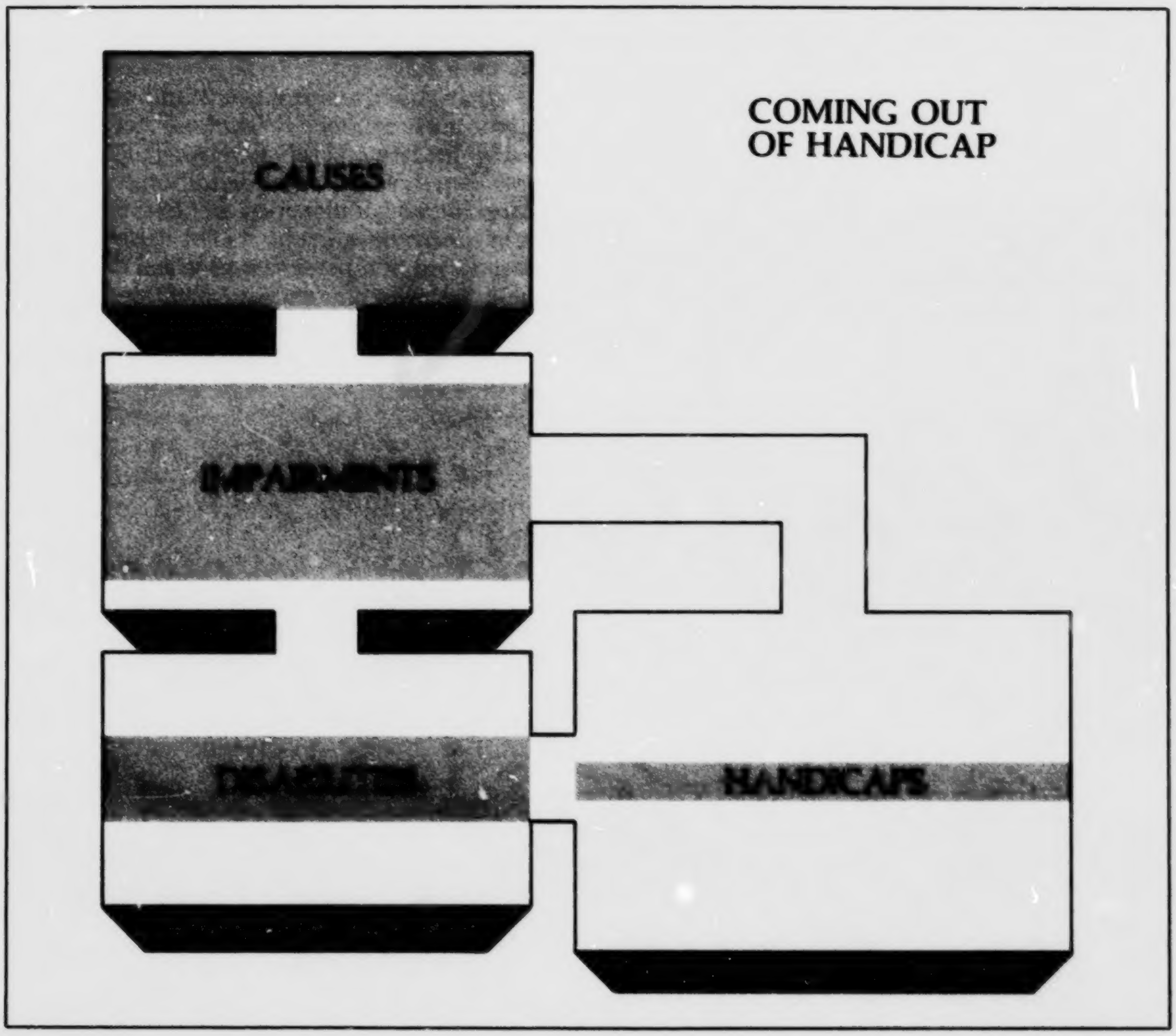
(2) *Survey of non-institutionalized physically handicapped persons in Ontario*, Ontario Government Bookstore, 1982.


COMING OUT OF HANDICAP

Handicap

A HANDICAP IS A SOCIAL DISADVANTAGE FOR A GIVEN INDIVIDUAL, RESULTING FROM AN IMPAIRMENT OR DISABILITY, THAT LIMITS OR PREVENTS THE FULFILMENT OF SOCIAL ROLES THAT ARE NORMAL (DEPENDING ON AGE, SEX, AND SOCIOCULTURAL FACTORS) FOR THAT INDIVIDUAL.

It is the branding, by society, of a person with a difference which singles him out or presents him as abnormal.

Classifying a handicap does not necessarily mean classifying a person, but rather the factors causing the handicap, so that plans may be made to co-relate the environment and the organization for resources, plans which will improve social reaction towards this difference.

Now comes the time to speak of sociocultural change, of modifying conditions for the integration of people who have impairments and disabilities with a comprehensive plan for social participation.

Evaluating each person's handicap is difficult, but it must be understood that we can minimize the collective factors causing handicaps by changing the conditions for social integration, and not by action on an individual basis. In each of its chapters, ON EQUAL TERMS emphasizes this social dimension and proposes solutions for reducing the seriousness of handicaps.

Who is a handicapped person?

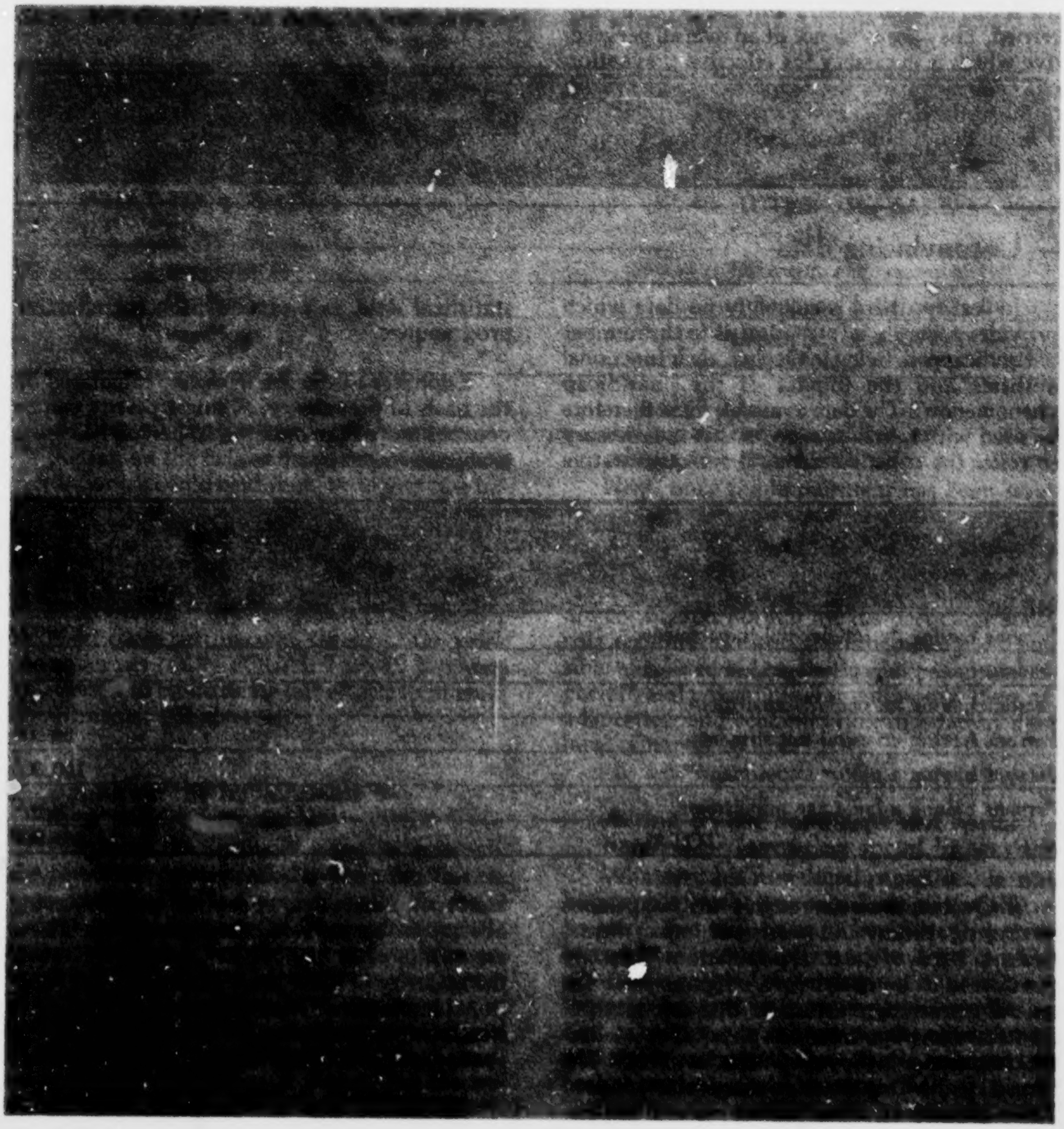
According to the Act to secure the handicapped in the exercise of their rights, a handicapped person is defined as *any person limited in the performance of normal activities and who is affected, significantly and persistently, from a physical or mental deficiency, or who regularly uses a prosthesis or an orthopedic device or any other means of palliating his handicap.*

This definition respects the proposals of the World Health Organization. First of all, it is based on an evaluation of the physical or intellectual impairment which must be significant and persistent. This means that the law does not deal with persons having temporary or inconsequential impairments. The same is true of ON EQUAL TERMS, although the various measures proposed could also improve the quality of life for persons with temporary impairments.

Moreover, for a person to be considered as handicapped under the law, that person must be limited in the performance of normal activities. This very clearly describes a disability and also includes a handicap, because these too are social barriers which limit the activities of these persons.

What about senior citizens and young people who are emotionally disturbed? Are they covered by the law and ON EQUAL TERMS? It all depends. Given the legal definition, some may be considered handicapped, not because of their age or a learning difficulty, but because they have a significant and persistent physical or intellectual impairment limiting them in the performance of activities normally associated with people of their age. ON EQUAL TERMS covers all handicapped, be they children, adults or senior citizens.

Recommendation



[redacted]

The publicizing, discussion and adoption of these definitions for their practical application in all areas of activity determine the effectiveness of action taken and the co-ordination of proposed policies. These make it possible to formulate clear objectives, to define mandates and responsibilities in each case with regard to the levels of intervention and the persons concerned. They are evidence of an overall perspective which is necessary for effective prevention of impairments, for the adaptation and rehabilitation of the handicapped, and for the establishment of conditions for the social integration of the handicapped.

Unconvincing data

In reality, there is currently no data which provides accurate information as to the number of handicapped, living in Québec, their functional abilities and the impact of the "handicap phenomenon". The data available must therefore be used with much caution, and it is necessary to resist the constant demand for quantitative statistical data as a precondition for effective programmes.

Estimates below are in order, calculated on the basis of prevalence. A single person can be counted more than once if that person has more than one impairment.

[redacted]

Persons having an intellectual impairment:	200,000
Persons having a psychological impairment:	20,000
Persons having an ocular impairment:	50,000
Persons having an aural impairment:	56,000
Persons having a motor impairment:	100,000
Persons having a language impairment:	60,000
TOTAL:	**486,000**

In Québec, there are roughly 486,000 persons having significant and persistent impairments, or about 7.6% of the total population. These are considered to be conservative figures since the federal government estimates that one tenth of the Canadian population has physical or intellectual impairments (Report *Obstacles*, 1981). The World Health Organization shares this opinion. There are also all those having visceral impairments, i.e. diabetics, epileptics, people having obesity problems, renal deficiencies, etc. These are estimated at 420,000 in Québec. However, the majority of these persons do not have functional limitations. They do need diagnostic and treatment resources, but are able to integrate into society without difficulty. A small number,

(3) Estimated data, from an application of rates on estimated Québec population (Superpop)

however, may encounter major obstacles because of their visceral impairment and are, in effect, handicapped.

There is a general need for caution. We can not really say that all those persons having physical or intellectual impairments are handicapped. The lack of quantitative data concerning their functional capacities and the social disadvantages resulting from their situation make it impossible to estimate the number of handicapped in Québec at this time.

This lack stresses the urgency for Québec to assess this segment of its population more precisely, but this must not delay its commitment to supply the immediate support needed by the handicapped

An overall perspective

Understanding how a person becomes handicapped makes it possible to define the courses of action which are needed and to orient them with an overall perspective in mind. For each of the factors contributing to the appearance of a handicap, there is a corresponding level of intervention. The themes discussed in ON EQUAL TERMS are presented according to the following structure:

ACTION

WHAT TO ACT ON		ACTION TO TAKE
1.	Causes	Prevention
2.	Impairments	Diagnosis and treatment
3.	Disabilities	Adaptation & Rehabilitation
4.	Handicaps	Elimination of obstacles to social integration

Acting on the causes = prevention

Acting on the causes means eliminating the factors which could contribute to an eventual impairment. To do this, action must be taken concerning segments of the population and their living conditions by choosing groups exposed to risk, as well as risks factors with which we can deal successfully. An attempt must also be made to detect those persons who seem to have a risk of impairment. ON EQUAL TERMS proposes an attempt to co-ordinate our efforts to prevent impairments. (Chapter 4).

Acting on the impairments = diagnosis and treatment

Whenever the results of a test are positive, the person is recommended to see a health-care professional. This is a precaution in the event an impairment is diagnosed. In a few cases, there is indeed a risk of impairment and early intervention by health-care specialists makes it possible, when this is the case, to eliminate, or at least reduce, the seriousness of the impairment. This is to be discussed in the chapter on diagnosis and treatment aimed at controlling the impairment. (Chapter 5).

Acting on the disabilities = adaptation or rehabilitation

Next, once the impairment has been stabilized or has become significant, it is necessary to determine its impact on the daily life of the person in question. What limitations does he encounter in the performance of activities which are considered normal for his particular social role and environment? If it is necessary and possible to take action to develop his functional capacities and possibilities for autonomy, there are adaptation and rehabilitation programmes for him. (Chapter 6)

Acting on the handicaps and social barriers = favouring social integration

Whatever his functional capacities, it must be possible for the person to become socially integrated. For this, he must be offered adequate resources adapted for all areas of activity in which a citizen is entitled to participate. In addition to the support services for integration, similar action must be taken concerning the environment and the organization of resources to assure the easiest possible social integration.

In ON EQUAL TERMS, *social integration*[4] includes social participation while remaining in the home environment, as well as educational and vocational integration. (Chapters 7 to 17).

Using these four levels of intervention, it is possible to define collective programmes for the prevention of impairments, the development of the potential and the social integration of every handicapped person. On the one hand, therefore, there is the question of adapting and organizing necessary collective resources and services, and on the other, of making them accessible to each person in order to respond to all of his needs.

That is why the overall perspective for co-ordinating collective resources, which is the basis of ON EQUAL TERMS, must be complemented by an individual approach to co-ordinating services required by each handicapped person: the service programme. (Conclusion).

The service programme

A service programme is the means used to plan and co-ordinate the individual services needed to accomplish and continue the social integration of a handicapped person.

The accomplishment and continuation of the social integration of a handicapped person may require the co-ordination and harmonization of programmes and services provided by various resources and establishments. The overall perspective of the service programme gives coherency for the programmes, avoids the duplications of evaluations, assures referral services and follow-ups, and attempts to satisfy the continuing needs of each person in the most personalized manner possible.

The service programme can be broken down into action plans in each area in which the person may need services, relevant to his impairment, functional limitations and handicaps.

The OPHQ has developed the service programme concept in accordance with the mandate granted to it by the Act securing the handicapped in the exercise of their rights. This programme is therefore currently identified as a system administered by the OPHQ. However, it is already available to the handicapped and is being operated in close collaboration with representatives of existing resources. ON EQUAL TERMS is proposing the expanded use of the service programme as a model for the co-ordination of services aimed at accomplishing and maintaining the social integration of the handicapped.

The elaboration of a service programme must be made possible for every handicapped person who has special needs linked to his impairment, to his functional limitations and to the barriers encountered in attaining and continuing his social integration. Like anyone else, the handicapped are responsible for the organization of their own lives. Each person must assess his own needs, determine his own objectives, and look to the resources and services near him for the answer to his expectations. However, for many handicapped persons, and because of the complexity of their specific needs, it is a combination of services, and resources from different institutions and networks that is needed, well organized and suited to their needs. Very often the unavailability, or the negligence, of a single element jeopardizes all of the other plans.

That is why a service programme is so vital to a handicapped person; because his needs are more completely satisfied and his social integration facilitated, giving him, at the same time, increased access to services. It is also a necessary tool for the active agents whose task is made easier, more effective and better co-ordinated with their partners from the various public, parapublic and private services present in their own community.

STAGES OF THE SERVICE PROGRAMME

1. Referral
2. Overall evaluation
3. Elaboration of the service programme
4. Implementation of the service programme and follow-up

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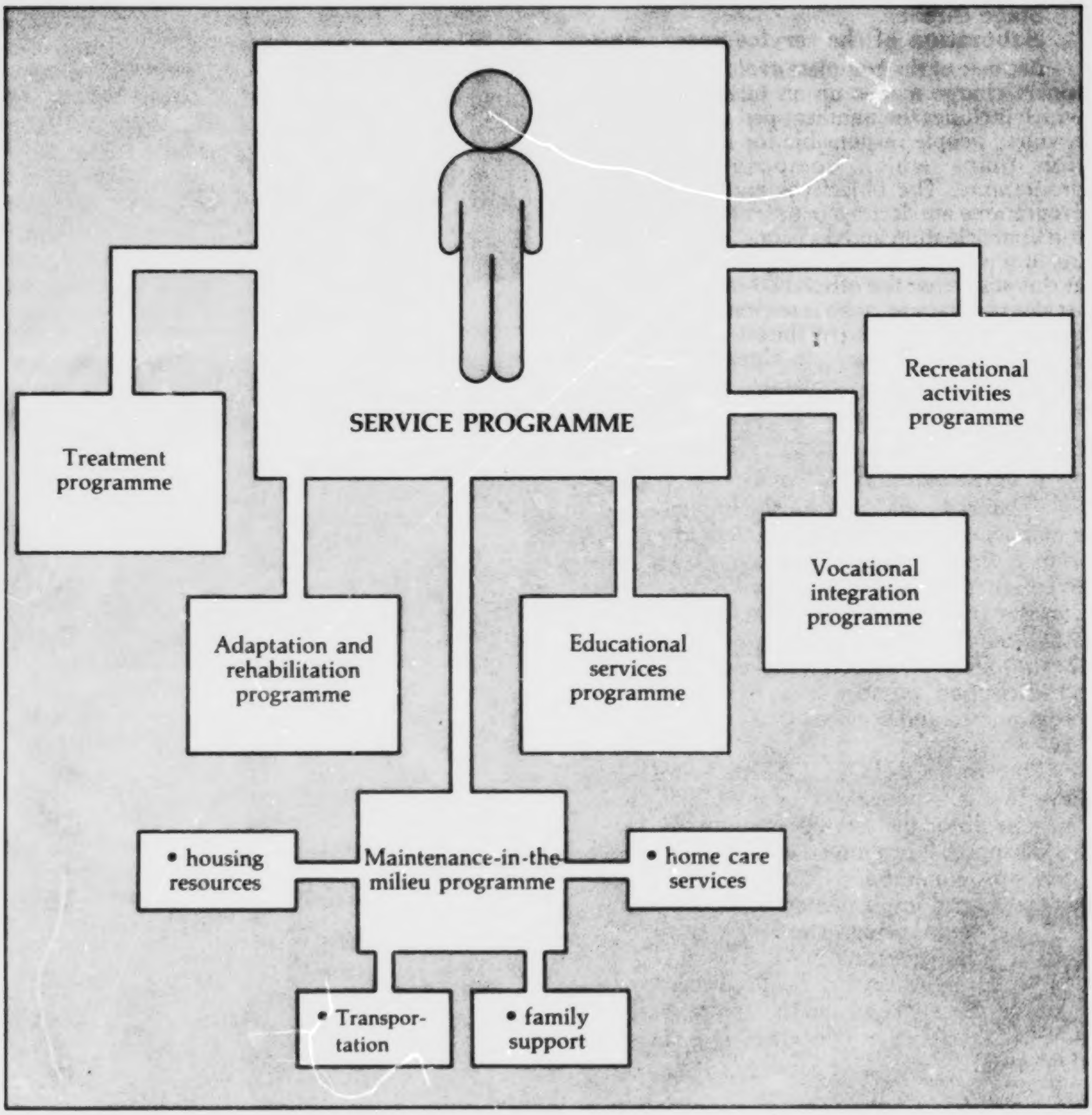
(4) Social integration involves social, educational and vocational integration as historically introduced into the Act to secure the handicapped in the exercise of their rights.


SERVICE PROGRAMME
Treatment programme
Adaptation and rehabilitation programme
Educational services programme
Vocational integration programme
Recreational activities programme
Maintenance-in-the-milieu programme
• housing resources
• home care services
• Transportation
• family support

Stage one: referral

In all of the available resources consulted by the handicapped person to obtain services for the treatment of his impairment to compensate for his functional limitations and the social barriers he faces, the active parties must be made aware of the importance of the overall picture and the possibility of referring the person for a complete evaluation of his needs solely can provide him with an eventual service programme. The first active agent the handicapped person contacts is responsible for having another party who will authorize a complete evaluation.

Stage two: overall evaluation

The person in charge co-ordinates the evaluations to compile an accurate list of individual needs. This can, in fact, be the person himself, if he so desires and he is capable. The overall evaluation is the result of the co-operation of various resource-pools from social services, the educational milieu, labour, etc. depending on each case.

Stage three: elaboration of the service programme

Because of the complete evaluation, the person in charge makes up an intervention team which includes the handicapped person and the resource people responsible for the various action plans which compose the service programme. The objectives and stages of the programme are decided in the respect of the person's participation and decisions, and by providing him with all the necessary information. It is at this stage that the official co-ordinator of the service programme, who is responsible for its implementation, is named by the intervention team. The co-ordinator works in close collaboration with the handicapped person.

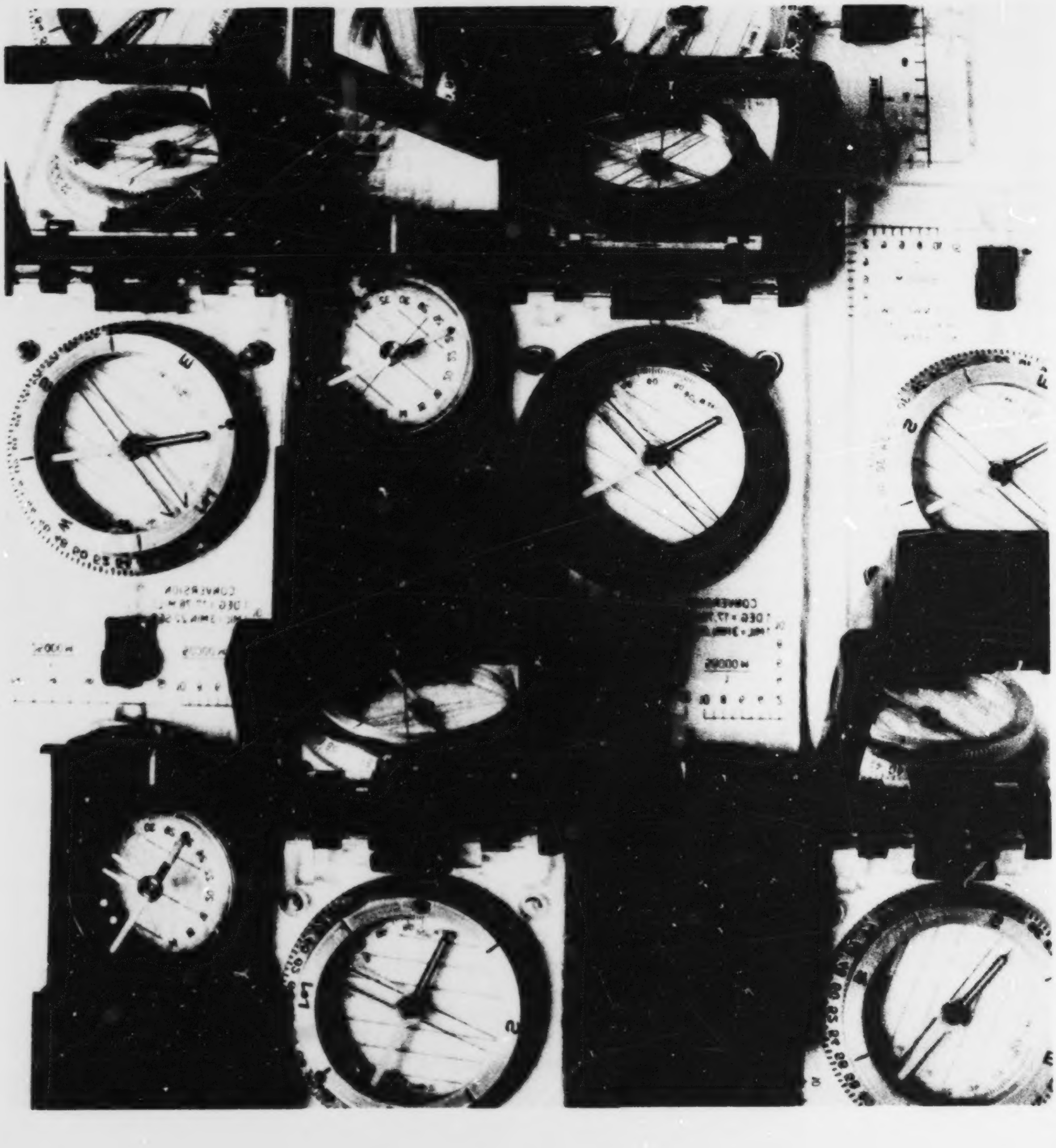
Stage four: implementation of the service programme and follow-up

The service plan can now be implemented in a manner co-ordinated and subject to revision, to meet the client's changing needs. Certain active parties may leave the team once the objectives for their programmes have been attained; others may join. The co-ordinator is responsible for the follow-up and must make certain that the handicapped person is satisfied with the programmes and services that he is receiving.

Therefore, ON EQUAL TERMS does not believe that it is necessary for the OPHQ to coordinate all of the service programmes for the handicapped. It proposes a generalized use of the service programme and that it be elaborated, coordinated and implemented by resources from the handicapped person's home environment and according to his personal needs. The OPHQ shall, however, support any handicapped person whose needs are not satisfied and shall co-operate with all of the authorities concerned in establishing this resource.

3.

Major Policy Directions



Introduction

These major policy directions represent the fundamental objectives of ON EQUAL TERMS. The goals set out in each chapter are to apply these directions to each particular theme: work, recreation, education, etc. They follow the same logic as the policy directions. It involves organizing resources and adapting living conditions to meet the needs of the handicapped.

The handicapped person

The following policy directions concern each and every handicapped person. They are presented without reference to minors and people who have been declared legally unable to make decisions. In these particular cases, the support and involvement of family, guardians or trustees must be taken into account.

1. Respecting the difference

Each person is different and has the right to grow according to his own particular characteristics. The Québec Charter of human rights and freedoms defines and guarantees the exercising of rights without *"distinction, exclusion or preference"* based on a series of clearly identified differences. For the handicapped, differences in physical and mental functions, behaviour and appearance may hinder them in the exercise of their rights and freedoms as full-fledged citizens. This was formally recognized in June 1978, with the passing of the Act to secure the handicapped in the exercise of their rights, which amended section 10 of the Charter. This section forbids any discrimination based on the fact that a person has a handicap or that he uses any means to palliate his handicap.

The integration of the handicapped into Québec society requires a profound change in attitude concerning the recognition and respect of persons who are different in their abilities, behaviour or appearance.

2. Autonomy: responsibility and freedom of choice

Traditionally, the handicapped have been perceived as being incapable, incompetent and irresponsible. With very few exceptions, this has kept them dependent and overprotected, not being permitted to take charge of their own affairs. Not for them the option to take risks, choose their own life style, their activities and relationships! The urgent need, therefore, is a serious effort to re-organize society with a view to promoting the independence of the handicapped. To be masters of their own destiny, experiencing life according to their own hopes!

The method of social integration is an individual choice for the handicapped person. The role of society is to provide the means and appropriate support, but the accomplishment of the integration depends on the person in question. Regardless of the social policies adopted for them, it is up to each handicapped person to decide on the type of resource or service which best meets his needs and expectations. Therefore, it is only by guaranteeing the person real freedom of choice that he will be able to assume full responsibility for his own life, which is vital to the integration process. Being independent, one has the option to make choices, whether good or bad and to take responsibility for one's successes, as well as one's mistakes.

3. The participation of the handicapped in individual and collective decisions

For a person to be autonomous he must participate in any decisions concerning him, whatever his functional limitations in communication, mobility or comprehension, for example. He must participate in the planning of a programme of services designed for him and his choices regarding goals and the means for achieving them must be respected. It must be possible for the handicapped to become involved in their respective environments and to participate fully in any movement, organization or decision-making process, whether it be of a community, political or cultural nature.

4. A decent quality of life for the handicapped

The objective of the integration process is to provide each handicapped person with the choice of a better quality of life. Social integration must mean the possibility of attaining a decent standard of living, no longer being on the fringes of society, being able to benefit from adequate services and environment, and of knowing that people respect your opinions.

5. Recognition of an approach taking into account a handicapped person's overall makeup

The handicapped have been treated as *objects of services*. Their needs have been viewed in a haphazard way and disjointed fashion, in the light of narrow-minded professional approaches or restrictions imposed by organizations. The makeup of each person is a very individual thing. So it becomes impossible to implement ready-made solutions which have been standardized for entire groups of people. On the contrary, the potential of each person must be individually evaluated, and each person must participate in the structuring of programmes which correspond to his own particular needs.

6. The greatest possible development of the abilities of persons having an impairment

For the great majority of the handicapped, having a mental or physical impairment results in functional limitations. Regardless of age, the cause of the impairment or the potential for adaptation, each person must have available every resource to promote the greatest possible development of his capacities. Following this policy direction leads to a personal development which is individual and extremely positive. There is no question but that every person has potential and the fundamental right to develop, maintain and experiment with, his functional capacities. This means that all standardized preconceptions regarding the potential of a given person must be rejected. Development objectives can only be established according to the individual in his given situation.

7. Full participation of the handicapped in social activities

It must be possible for every handicapped person to become integrated into society through his full participation in the sociocultural, educational, economic and political activities of his environment and he must be provided with the means to guarantee this participation on a fully equal basis.

The environment

It is impossible to discuss the integration of a handicapped person without taking into account the environment in which he lives.

8. Maximum protection against factors which could be the possible cause of mental and physical impairments

The prevention of physical and mental impairments is the essential complement to an integration policy for the handicapped. For humane and economic reasons, it is urgent that society adapt to the needs of the handicapped and that it adopt, at the same time, a well-thought out policy for prevention of physical and mental impairments. The cause of impairments must be minimized, and this can be done through carefully co-ordinated action at the biological, social, economic and environmental levels.

The objective is to guarantee the population in general and certain groups who are particularly vulnerable, the conditions required to safeguard their health. It is both a question of eliminating or reducing the risk factors and of intervening as quickly as possible once an impairment has appeared. At the same time, this social action must respect human rights and freedoms.

9. Adapting the milieu to the needs of the handicapped without exclusion or favour

The movement of the milieu towards respecting the difference involves three elements: attitudes, the adaptation of the norms of social life, universal accessibility. It is therefore a question of detecting and eliminating all causes of discrimination or privilege linked to a physical or mental impairment, the resulting disabilities and the means used to compensate for them.

Changing attitudes

A large part of a handicap is the result of attitudes and values, and the notion of what is, or is not, normal. This serves to perpetuate the isolation, marginalization and dependence of a person who is different from the rest. What is worse is that, because of the way they are seen, handicapped persons frequently identify themselves with that mold and passively accept their situation: they therefore act as handicapped persons are supposed to act. Even those who are conscious of this phenomenon still feel continually watched, feared and seen as abnormal. The challenge of a true integration of the handicapped lies in deeply changing the attitudes, beliefs and myths resulting from their long history of exclusion. It is therefore necessary to sensitize and educate the entire community: the general public, those directly involved and also the handicapped themselves.

Adapting legislation, regulations and other formal agreements

Because of prejudices, a general ignorance of the situation of the handicapped and their exclusion, their particular needs and characteristics have often been forgotten at the time the laws and other formal rules which society uses to ensure its daily functioning are drafted. A large amount of work is needed to revise the regulations and to identify and eliminate any discriminatory clauses. This must also be kept in mind by the authorities during discussions on the formulation, the content and consequences which these regulations have on the lives of the handicapped.

Universal accessibility

Many persons having functional limitations are faced with physical barriers which seriously restrict their freedom of movement and participation. In order to favour their social integration, these obstacles which hinder their daily activities must be eliminated. This involves the systematic adaptation of both the architecture and environment of the milieu in which we live. This also means assuring the handicapped of adequate means of transportation and communication. Universal accessibility will have been achieved once the physical milieu has been modified and designed in order to meet the travel and social participation needs of all persons functionally limited because of a physical or intellectual impairment.

Development and organization of resources

How can resources and services be developed which respect the needs of the handicapped and the characteristics of their environment? Coordination, consultation and decision-making mechanisms must be established. These will make it possible for the various public and parapublic networks, the service establishments and the professions to move beyond their present restraints of organization and ideology and to concentrate on the effectiveness of the action they take. Since the mid-1970s, an informal consensus has built up around these directions. Some have already been implemented and have improved the distribution and quality of services provided to the handicapped. However, because of the lack of a frame of reference and overall plan of action, the implementation of these directions has so far met with frequent questions and difficulties.

The policy guidelines must govern both public and parapublic resources and services as well as private resources and services, those which are specifically intended for the handicapped as well as those which are for the population in general. It must be possible for the handicapped to benefit from them in the same manner as any other citizen.

10. Priority for the resources and services guaranteeing the maintenance in, or return of, the handicapped to their natural living environment

There are too many institutional organizations which totally control the lives of the handicapped and keep them isolated. Since the beginning of the 1970s, due to maintenance-in-the-home environment and resources making it possible for the handicapped to become more integrated into their respective communities, there has been a growing awareness of the essential need to open up the outside world for them. The trend must now be accentuated. The need for administrative efficiency and profitability must no longer keep those concerned from a good quality of life and a satisfactory personal development.

It is a question of organizing the services offered in such a way that each person will be able to maintain, or have access to, a way of life which will guarantee him the greatest development of his potential and the best quality of life possible. However, it is up to each individual person to decide what environment is best for him. It is necessary to favour:

- access to normal living conditions for those who have lived only in housing institutions;
- a return to their own environment for those who have already been in institutions for a long period of time;
- being able to remain in their own environments, for those who have an impairment or are becoming impaired and are experiencing a significant loss of independence.

11. The regional self-sufficiency of resource pools according to the needs of the handicapped

It is impossible to speak of maintenance in the environment without the regionalization of services and resources according to needs. Unequal degrees of accessibility, the insufficiency or, very often, the non-existence of resources and services in some regions are results of the economic development of Québec and of a tendency to organize resources according to distributors needs instead of the interests of the recipients. So it becomes mainly a problem of the organization of resources and should not necessarily be reduced to one of budgetary constraint or professional competence.

Regional self-sufficiency, according to the needs of the handicapped and the characteristics of their environment, is essential for their integration. This requires a great deal of flexibility and different solutions depending on the regions and districts. Regionalization must not be confused with the centralization of service points in each administrative region in Québec. The principle of maintenance in the environment requires the development of regional resources in relation to the needs of the environment and the groups concerned. ON EQUAL TERMS provides a frame of reference, but these resources must be organized with enough flexibility so that the courses of action will correspond to local priorities, especially regarding the characteristics of the environment and the needs and solutions expressed by the people concerned.

12. Effectively articulating local, regional and national resources according to necessities

This is a question of going from the statement of policy to its implementation in the daily life of each person and respecting actual local needs while utilizing a national plan for the realization of optimal conditions for the integration of the handicapped.

13. Continual co-ordination in management and pooling resources

In order to arrive at a better-structured organization of resources, the authorities involved at the public, parapublic and private levels must co-operate in order to reach an agreement on the mandate of each and to co-ordinate their programmes. It is fundamental that they adopt a common strategy to achieve the objectives set and that they assure a continuation of this co-ordination in order to evaluate the results and to adopt a strategy for each situation.

Moreover, the complementarity of resources which is assured through effective co-ordination between the various service networks and establishments has a positive effect on budgets and on the improvement of the quality of services.

14. The permanence and maximum integration of services

The services which have been adopted as required by the handicapped must be offered to them in a context which most resembles regular services. Some specific services are experimental in nature and are local community initiatives which are often not very sure of long-term existence. Some services, which are very useful to the handicapped, are therefore often dispensed in a parallel and disjointed manner. In these cases, the objective is to assure the continuation of the services and their development should they prove to respond to the needs of the population. However, it is not always necessary to integrate this type of service into the public service: the financing can be guaranteed by the government without the service being dispensed by a public or para-public organization, but rather by a community group which is experienced. But one must not use these means to offer services cheaply.

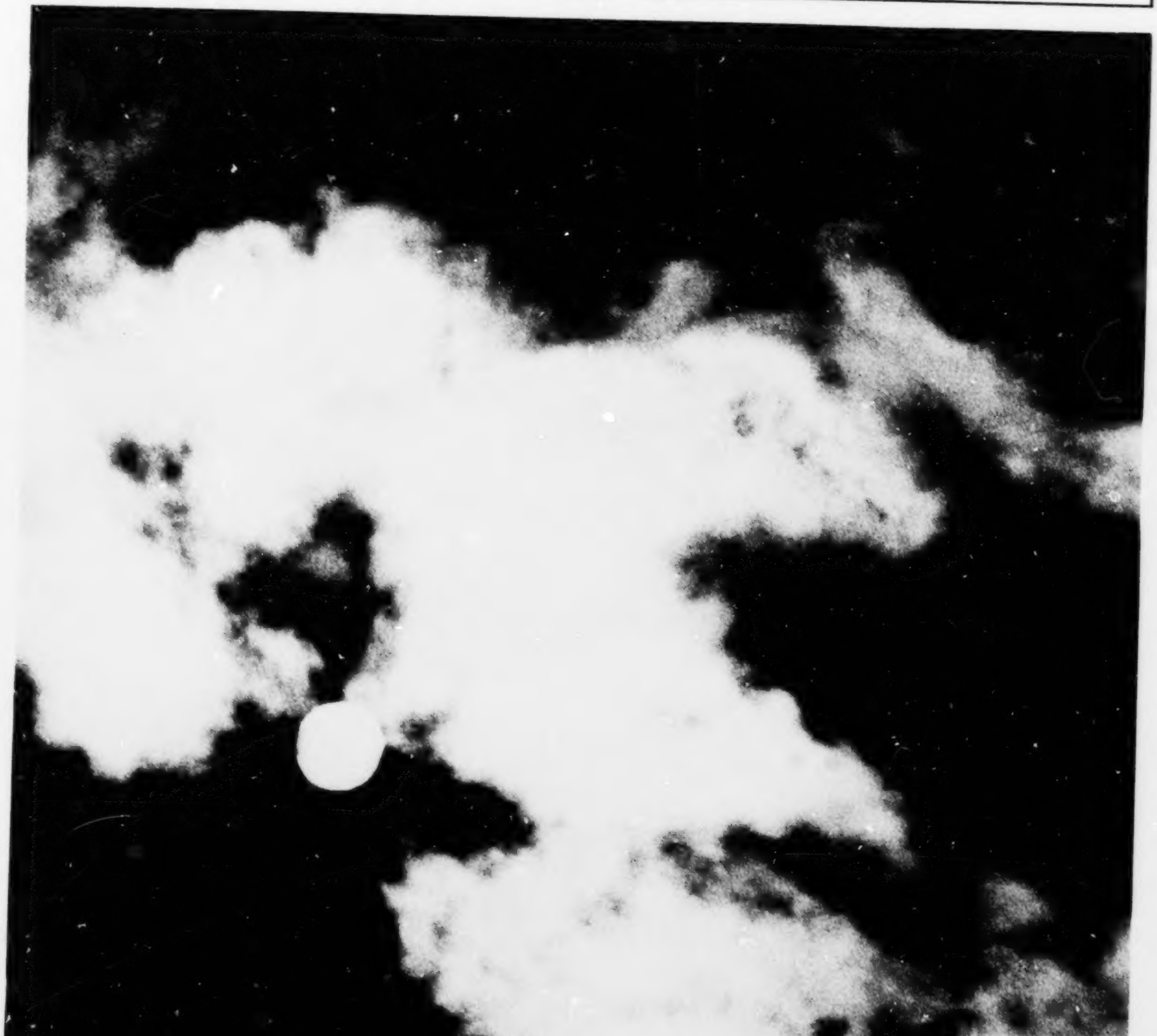
15. The active participation of the handicapped in services management

The participation of the handicapped is required in any expansion and evaluation of programmes, services or plans of action specifically designed for them. Since these services are intended for a very specific clientele, the handicapped must participate in defining them and in determining the means for their distribution. Moreover, according to their ability, those using the services must have the opportunity to become involved in their management

In other respects, for the adaptation of the community, public, parapublic or private organizations to the needs of the handicapped, the groups or persons concerned must have the right to participate in defining the adaptation required in the same manner as any other citizen or group representing users or consumers.

4.

Prevention of Impairments



Introduction

Presently, many people feel that it is critically important to pave the way to implement preventive measures. Generally speaking, intentions and opinions are clear. However, despite many programmes, serious difficulties and obstacles are encountered in seeking an effective way to deal with the prevention of impairments.

The situation

Evolution of the preventive approach

Technical progress and changes in lifestyles have had major effects on the evolution of the causes of impairments in the population. As early as the 18th century, increased knowledge of diseases and their causes led to definite improvement in programmes. However, the essential for progress is the attempt to change the living conditions of the population. This is the beginning of public health, which aims to improve the environment.

For its part, preventive medicine developed rapidly at the beginning of the 20th century due to the work of Pasteur and the progress made in bacteriology. With the improvement in living conditions, hygiene and eating habits, many infectious diseases had been controlled, but other problems appeared: for example, chronic diseases related to lifestyles, urban and industrial environment, and occupational or traffic accidents.

Health becomes increasingly important, and medicine an expanding field as government involvement steadily grows. The expansion of knowledge, the specialization of professionals and a greater number of health-care institutions make the well-planned organization of health services essential. In early 1920, a definition of public health was proposed by Winslow:

> "The art and science of preventing disease, prolonging life and of promoting physical health plus efficient health services through an organized community effort." (*unofficial translation*)

Over the last twenty years, people have been speaking more and more about community health. This new interest guided the reform of health and social services which took place in Québec following the report of the Castonguay-Nepveu Commission. It stressed the importance of involving the various groups in preventive activities as well as a relation between the *curative element*, meaning care once a problem has appeared, and the *preventive element*, which consists in fighting the causes of health problems.

Agreement with a minimum of planning

A Fragmented Approach

There does not currently exist complete knowledge of, or explanations for, the factors contributing to the onset of physical and intellectual impairments in the population. With very little research it is not possible to provide valid information as to the significance of the risk factors, the vulnerability of the population, and the link between the cause and appearance of each impairment.

Since vaccination against infectious diseases has achieved some success, we have persisted in acting as if each specific problem had a precise cause; numerous factors which could lead to the development of an impairment are being studied in detail, individually, from a medical point of view, and extensive programmes are being undertaken to control these factors. Increasingly, however, a multifacated approach is seen to be necessary. Research has clearly shown that the risk of the development of a physical disorder varies and depends on simultaneous exposure to, or the cumulative effects of, several risk factors; but more often than not, in practice, the interrelations of these risk factors are ignored. Programmes for treatment, and efforts to prevent physical and mental impairments lack coordination. Moreover, very important areas have been disregarded: for example, mental health, side effects of therapy, the problem of overuse of medication, domestic accidents, violence, etc.

Whenever a plan for improvement is carried out, whether in the area of food, of working conditions, traffic accidents, or the social or physical environment, the goal is usually to eliminate a specific problem through work with individuals or with a group: drivers or smokers, for example. Thus the cause related to the quality of life of a community in its social, economic and environmental context are forgotten.

Certain programmes, public-awareness campaigns or educational measures result at times in real guilt feelings in people seen as solely responsible for their own problems. Without questioning individual responsibility for the continuation of, or change in, a lifestyle, it is somewhat difficult to ignore the importance of influences and pressures whether socio-cultural or environmental. This negligence can threaten human rights or cause the appearance of compensating habits as harmful as the ones replaced; this can continue until the environmental factors have been changed.

Increasing Government Intervention

The prevention of impairments is now largely in the hands of the public sector. It seems difficult, however, to arrive at a long-term plan at the national level, and especially to adjust it to social and public-health programmes which correspond to local situations.

On all sides steps are being taken. They stem from the ministère des Affaires sociales, the ministère de l'Éducation, the ministère du Loisir, de la Chasse et de la Pêche, the ministère de la Justice, the ministère de l'Environnement, the Commission de la santé et de la sécurité du travail, the Régie de l'assurance-automobile du Québec, the Commission des droits de la personne. consumer groups, and community and professional organizations. The survey carried out for the information of ON EQUAL TERMS has shown that a large amount of data concerning public programmes can be assembled. However, the lack of a centralized data base makes access to it difficult, and does not facilitate a comparative analysis of the assembled data.

The basis for an operational system of community health programmes has been available since the reorganization of the health and social services in Québec. The mandate of the community health departments, which are linked to the hospitals, is to elaborate, coordinate and evaluate prevention programmes in their regions. They work in cooperation with the local community service centres, which are in charge of implementing programmes, and in cooperation with the groups concerned.

This network has made it possible to present a number of educational, training and detection programmes, and to vastly improve prevention programmes at the local level. However, its effectiveness will remain limited and in jeopardy until all the local community service centres have been established and an overall approach for the prevention of impairments has been developed by the establishments and supported with high priority by the regional health and social service councils and the ministère des Affaires sociales. There are currently very few concise evaluations of programmes, and it is difficult to determine what portion of the budget of an establishment is allotted to prevention programmes for physical and intellectual impairment.

Difficulties in Implementing the Practice of Community Health

Generally speaking, health-care professionals are still only slightly involved in the practice of community health. Several analysts(1) of the health system, who sometimes call it the *"illness system"*, show that the majority of programmes remain concentrated on the treatment of impairments rather than on their prevention. This can be partially explained by the inefficiency, in the short term, of preventive programmes and by the inadequacy of payment per treatment system for physicians working in preventive medicine. Moreover, other active agents, in particular those which could help to control the sociocultural and economic factors, are only now beginning to be recognized in the community health area. A great amount of work remains to be done in the field of professional training for the health-care people involved.

The highly specialized area for providing treatment is privileged in comparison with the community health sector, resulting for them, in problems of sharing and collaboration. A survey of the manpower, programmes, research methods and sums of money allocated to prevention reveals that the biomedical risk factors receive much more attention than the socioeconomic and environmental factors.

The control of certain risk factors underlines the conflict of interests between the objectives of a system geared toward productivity and the consumption of profitable goods and products, and those of the maintenance and improvement of the quality of life of consumers and the population as a whole. The health promotion programmes, even if well-structured and useful, experience problems in contacting those people who need them most, such as in the area of prenatal information. The effectiveness of these programmes is jeopardized by the lack of recognized common principles which would justify, and provide a framework for, impairment prevention programmes.

Finally, prevention is too often viewed as a matter for specialists something which threatens the autonomy of groups to define their lifestyles, by and for themselves. There is too great a tendency to classify preventive intervention as necessarily requiring specialists, sophisticated equipment and complex strategies. This would seem to lead to a rapid and prohibitive increase in costs. Yet, for several years, Québec has contemplated, and experimented with, the community alternative in a creative way. A move to allow groups to regain control over their health, and to participate in the definition of impairment prevention programmes has been started in the area of occupational health and safety, for example. However, this involves making social choices and a real willingness on the part of decision-makers to guarantee conditions for the maximum protection of the population against impairment risk factors.

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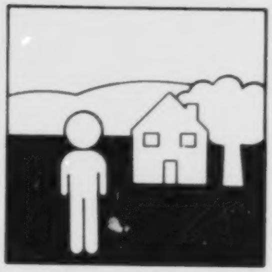
(1) Marc Renaud, Yannik Villedieu, Fernand Seguin, etc...



The objectives

Proposals for the development of an impairment prevention policy

Speaking about prevention inevitably results in a long debate, conflicts of interest and the ever-present danger of a certain authoritarianism likely to dictate what is good, and what is not, for each of us. It is therefore a subject which must be approached with caution. Profound changes in lifestyles, the sociocultural, economic and political organization, the physical environment and the structure of the health system have directly influenced our perception of health and our ability to deal with the many stresses undermining our well-being.

Attempting to define guidelines for an overall approach to the prevention of physical and mental impairments, means dealing with the whole process leading to handicap. It also requires defining two complementary responsibilities of society: attacking the causes and controlling the consequences. Attacking the causes of an impairment is practising prevention. Controlling the consequences once the impairment exists, includes treatment, adaptation and rehabilitation, as well as all the elements for social integration of the handicapped.

This chapter is therefore intended as a proposal, a basis for work and reflection, an essential step to pool resources to expand a Québec policy for the prevention of impairments. It calls on all of the authorities involved to join in a coordinated effort and to come to some agreement on what can be accomplished without proposing solutions which would be premature in view of the current state of affairs.

Definitions

The causes, and the possibilities of controlling them, are top priority in the development process of a handicap. Before continuing, some accurate definitions are necessary.

Quality of Life

This concept is made up of a number of factors which are favourable or unfavourable to our well-being and to our ability to function in society. It is a relative concept which depends on the physical, socioeconomic, cultural and political environment, and, of course, on the perception that each person, indeed the community as a whole, has of his life in this context.

Health

The health of person consists of his capacity to resist stress. Health and disease must not be separate, rather there must be a close relationship between the capacity to bear stress and the intensity of the stress. Without being aware of what health is, each person must take care of his own state of health, his psychological well-being and social functioning in view of the many stresses which he must face. It is also possible, to speak in a theoretical manner of the state of health of the population as a whole.

Risk Factors

The quality of life and the fact that each person has a different degree of resistance and vulnerability (health) are such that a range of chemical, biological, social and psychological factors can attack an organism and cause disease or trauma. Generally speaking, the attack is of little or no consequence to the person in question. However, its intensity and the interaction with different factors affect and increase the chances of potential impairment. It can be said, for example, that infectious diseases such as flu and chicken pox have no significant effects. The same can be said of slight adjustment problems in children, which are no more than the expression of the various learning methods.

Sometimes complications — an acute trauma, a pathogenic environment, visceral characteristics or the way in which a person develops and adjusts — lead to a temporary, short-term impairment which can be corrected through timely intervention. This is so, for example, in the case of a fracture, psychological shock resulting in a nervous breakdown, etc. Finally, in cases which are much rarer but which involve roughly 7% of the population of Québec, a number of causes produce a significant and permanent impairment, be it physical or intellectual. These causes are the risk factors leading to the appearance of impairments.

The Three Levels of Intervention

The intervening agents in Québec have agreed on the following distinctions:

First Line of Defence

This can be any action regarding causes, which is taken to prevent the development of a problem on disease. Its objective is to promote and maintain all aspects of good health. It represents the organized, all-out effort by a community to deal with the risk factors. For example: improvement in the quality of food; vaccination; a stimulating environment which is interesting for children; pollution-control standards for industry; the Charter of human rights and freedoms... even drastic measures which would eliminate the risk factor of traffic accidents, such as banning the use of automobiles. The field of primary prevention is vast, and possibilities for change must be evaluated carefully before taking action.

Second Line of Defence

This includes any action concerning symptoms which is taken to facilitate an early diagnosis and to correct the problem as soon as possible: it is the early detection of disease or mal-adjustment. Each of us is familiar with diagnostic measures such as a blood test at the beginning of pregnancy, regular visits to one's physician, a chest X-ray, recognizing something which seems small but worrisome, such as, with children, tardiness in learning to walk, or a persistent fever. Whether as a result of a complete check-up with diagnostic procedures or the daily observation of each person, the detection of symptoms affecting his physical, intellectual and social well-being makes it possible to seek prompt advice and treatment directed at reducing the risks of impairment.

It is these two levels of action which will be studied in this chapter: preventing the causes and detecting the signs which indicate possible impairment.

Third Line of Defence

Its objective is to prevent aftereffects and to slow down the deterioration following the appearance of disease, impairment or disability. This type of prevention is not examined here but is dealt with in all of the other themes discussed in ON EQUAL TERMS: diagnosis and treatment aimed at correcting the impairment, adaptation and rehabilitation programmes to compensate for the disability, and, in a general way, all barriers linked to the sociocultural organization and community environment which cause a person to have a handicap.

The conditions of a preventive approach

1. Preventive interventions are intended for a group of persons, a community, a population

It is the difference between, on the one hand, a curative, therapeutic intervention once the problem has provoked consequences in a particular individual, and, on the other hand, the community health preventive intervention which consists in the grouping together of multidisciplinary courses of action intended to improve the health of a given population in cooperation with the population. The preventive approach is practised essentially at the population level and is different from diagnosis and treatment, which involve people on an individual basis.

2. Health evaluation at the level of groups of the population

Epidemiological studies make it possible to determine the state of health of a population segment and to identify the risk factors which, if present in one group and not in another, make it possible to explain the differences observed. Research is also essential in order to determine intervention priorities according to needs, and to identify the biological and sociocultural characteristics specific to each community and its environment. They are of utmost importance in evaluating the general well-being of a population. It is therefore necessary to have data on the risk factors and their effects on the appearance of various impairments, and on how they are very closely related to the groups in question.

3. Respect for the three conditions for the development of an impairment prevention programme

- adequately defining the problem in order to determine the means needed to control it.
- obtaining means of programme planning which conform with the norms recognized by the active agents involved.
- ensuring that the means are available for dealing with the risk factors which need to be controlled.

It is a waste of energy and resources to concentrate all of one's efforts on a single aspect of a problem not clearly defined. Returning to our radical example, this concentration of effort would be like deciding to deprive society of a convenience such as the automobile, which is also a sociocultural symbol of power and an important economic factor, because of the risk that physical impairments might be caused by its use! Before implementing a systematic detection method for an entire population, it is necessary to determine what means are available for solving the problem as seen. It is also necessary to evaluate the cost of the detection process, of diagnosis and treatment, in conjuntion with the total resources which society can afford to invest in this area.

Because of lethargy, or financial restrictions, programmes are often carried out without having mobilized the human and financial resources necessary to clearly define the problem, to validate methods and to correct the problem as seen. The result is that the impact of the programmes is limited; in fact, the effectiveness and usefulness of primary or secondary prevention is sometimes heavily criticized.

4. An overall look at the risks possibly causing an impairment

It is always necessary to consider the health of persons and groups from every angle. The various effects of the risk factors are not independent of each other. Very often, groups in which the consumption of tobacco and alcohol is the highest also work in the most polluted areas, have the least amount of outdoor activity, live in the least heathful or interesting environments and are the hardest hit by the economic recession.

5. Improvement in the living conditions of low-income groups

Physical or intellectual impairments occur more frequently where poverty exists. Social and economic development policies clearly have an impact on the factors causing physical and intellectual impairments. These are essential in the development of a true preventive approach, since generally speaking the most deprived social groups seem the least concerned about prevention programmes.

6. Programmes which encourage the growth of community consciousness

The promotion of good living habits and social behaviour patterns compatible with an optimal quality of life cannot be accomplished through force. Yet, all of the active groups form the gathering place for citizens who want to pool their thoughts and energy to improve their quality of life. These multiple local initiatives must not only be respected, they must be encouraged in order to provide the group with the ability to choose solutions for its problems. Parapublic bodies which organize programmes must keep in contact with the groups of citizens concerned and supply them with the information and organizational support necessary for the development of their community consciousness regarding health and the quality of life.

7. Assembling, participation and maximum respect for the desires and characteristics of the community or group concerned

There are no ready-made solutions, but rather community objectives to define, re-evaluate and modify, with the the on-going participation of the populations concerned. Respecting their characteristics involves first and foremost informing them, listening to them, helping them to speak out and meet together concerning problems which threaten their quality of life.

8. The respect of freedom of choice, autonomy and human rights in the choosing of courses of action and the organization of programmes

There is always a latent danger in any policy of prevention — to decide unilaterally, for others, based on relative criteria, what is, or is not, good for them. Historical examples of violations of human rights which were justified by claiming it was for the protection of society, or of the person in question, have resulted in the most serious abuses. Even if such is no longer the case in society today, these types of debates still continue concerning abortion, the sterilization of persons having an intellectual impairment, confinement, etc. Some measures which cause guilt feelings may tend to create more problems than they solve, with some people developing "manias" about cleanliness, leading a wholesome life, nature, normalcy, constant auscultation, relying on medication and physical checkups. With the elimination of all risks, life can become a prison, something which overprotected handicapped persons know very well.

9. A national plan is developed for preventive programmes from an overall perspective of the inter-relation of risk factors

A centralization is necessary for the national coordination of programmes, the definition of an interdepartmental policy for the prevention of impairments, and for the distribution of resources. This centralization must ensure that the problems continue to be considered from an overall perspective, and that there is an adequate level of all services as needed by the entire population

10. Flexibility in local planning of programmes according to the needs of the community concerned

It is essential to determine programme strategies according to the specific needs of each community. The participation of the community in defining plans forms the very basis of a community-health programme. Past experience has clearly shown that uniform action is not very effective in the field of prevention.

AN OVERALL VIEW OF RISK FACTORS

Social organization and environment

- Risks linked to socioeconomic factors
- Risks linked to the physical environment (air, water, soil, noise)
- Risks linked to the health aspects of dwellings and to urbanization
- Risks linked to the organization of health-care services, as well as social, adaptation and rehabilitation, and educational service
- Risks linked to occupations and occupational organization

Socioculturally determined individual behaviour patterns

- Risks linked to sociocultural factors (discrimination, privilege, lack of stimulation, attitudes and definition of what is normal)
- Risks linked to the family milieu
- Violence
- Nutrition
- Tobacco, alcohol and other drugs
- Lack of exercise (sedentary lifestyle)
- Hygiene

Traumatisms

- Occupational accidents
- Traffic accidents
- Domestic accidents
- Sporting and recreational accidents

Biology

- Genetic risks
- Perinatal risks
- Infectious agents
- Visceral risks

11. Priority to programmes encouraging community involvement in prevention activities

The goal of encouraging community initiatives is to clarify the specialized status of prevention. Choosing the preventive approach becomes a social choice resulting from the attitudes and willingness of decision-makers rather than an increased investment in costly programmes.

12. Elaboration of a national policy for the prevention of intellectual and physical impairment for all

The policy will have to cover the following groups in particular:

- the population of Québec in general, through primary prevention measures designed to provide maximum protection against all of the risk factors to which it may exposed;
- couples and persons past the age of puberty, through awareness campaigns concerning risk factors, and through examination and vaccination;
- pregnant women, through prenatal programmes and the detection of potentially difficult pregnancies;
- women and infants at childbirth, through perinatal examination, early detection and appropriate referral measures;
- children from birth to 5 year of age, through measures providing information to parents, vaccination, follow-up of children susceptible to impairment, and early detection of physical and intellectual impairments;
- people from 6 to 17 years of age and their parents, through measures providing information, follow-up of children susceptible to impairment, and through detection programmes;

- adults, 18 years of age and older, through appropriate information, detection, follow-up and referral programmes according to their various situations and activities.

13. Development of methods for preventive intervention

In order to develop a preventive approach, it is necessary to acquire the appropriate ways and means for intervention according to the precise definition of the problem to be controlled. There are seven principal ones: research, education, detection, periodic medical examination, vaccination, legislative and financial measures, and planning.

Research

Research on the state of health of, and the risk factors present in, a given population is extremely dependent on the existing social and public health information systems, and has many ways to better control the causes of physical and intellectual impairments: identifying health problems and their causes, evaluating their extent and seriousness, studying the impact of the various programmes on the state of health. More and more, epidemiology is taking its methods from biostatistics, economics, anthropology, sociology, administration, data processing, etc. Such research must be promoted with top priority and within a multidisciplinary framework which affords an overall perspective of the prevention of impairment.

Educational Measures for Promoting Good Health

Educational programmes promoting good health deal almost exclusively with living habits which are bad for the health, and the physical and sociocultural environment which causes these habits to develop. Current research shows that the plans for the organization of activities and for the coordination of efforts made by various community groups are more effective than those which aim at changing individual habits. The effects of many health promotion programmes are short-term if they do not take into account the economic, social and cultural context in which the citizens must make their choices. If used well, education for the promotion of good health is an effective prevention measure. However, it would be a mistake to expect any spectacular results in a short-time, taking into account the power of economic interests and cultural factors which must be faced.

Detecting Impairments

Detection consists in identifying, with the help of tests and other techniques, those persons susceptible to physical or intellectual impairment. The detection tests must determine which people present a risk of impairment and which do not. The objective is the referral for diagnosis of those persons whose test results are positive. Implementing detection measures necessitates specific norms.

The development of a detection program involves finding those best able to develop it. They are not always health-care professionals. For example, parents are generally the ones apt to pay most attention to a child's development. The person, himself, often notices a symptom which worries him. Certain tests can be easily done by the family.

Very often, taking action according to a preventive approach which is "prudent and aware" does not signify the presence of more resources, but rather valid information, recognized means of communication and programmes which are effective for those concerned.

Periodic Medical Checkup

Periodic medical checkups are one method of detection, but instead of dealing with the masses, with large segments of the population, these take place at the individual level and do not involve large populations. Some research has questioned the effectiveness of annual visits such as routine medical checkups. Depending on health needs related to age and circumstances, it would be preferable to promote the health protection programmes most likely to detect symptoms which would indicate the presence of a disease or physical or intellectual impairment.

Vaccination

Vaccination is something known to all. It has been remarkably successful and is a very useful method of prevention and there is wide-spread agreement concerning the principles to be respected in presenting a vaccination programme. Each requires an organization designed to maintain the immunization of the general population. It is sometimes difficult to contact everyone concerned, to inform people on the duration of the effectiveness of vaccinations and to convince them to have their level of immunization peri-

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(2) *Prévention primaire et secondaire des déficiences et incapacités au Québec — État de la situation*, ministère des Affaires sociales, 1981, p. 71-72.

odically verified, especially adults. While risk factors as terrifying as poliomyelitis and tetanus have almost disappeared, they could re-appear, nevertheless, if the programmes are not very carefully organized and financed.

Legislative and Financial Measures

The implementation of guidelines and restrictions is also a resource for primary prevention. It is, however, difficult to use. It usually requires monitoring systems which are large and costly. As in any norm, a decision can be taken without taking into account local particularities. For the coercive approach to be acceptable, there must exist a firm agreement among the population concerning the threat raised by the problem. One can cite, for example, the moratoriums introduced to curb the development of nuclear energy, as long as man cannot completely control it. The consequences of this type of phenomenon have already created enough panic and caused enough impairments that the population is able to apply the pressure needed to have certain weapons banned. Pollution problems, however, are frequently less apparent, and it is difficult for the population as a whole to become aware of them.

The law can also be used as a means for social change, as is the case with occupational health and safety, human rights, access to educational facilities, and the physical environment. So it becomes a question of willingness to effect changes and to resolve conflicts of interest, which results in more options to make possible the implementation of laws and regulations. The extent of the investments required, or the loss of profit, can sometimes hamper the efforts necessary for maximum protection against certain risk factors.

Planning

The goal of planning is to choose the most useful methods to deal with the problems and the objectives which are long-term and well defined. It has the additional role of evaluating the results of prevention programmes and of determining changes in policy direction if necessary. Decision-makers must have a provincial plan in order to decide the first priorities of proposed programmes and how intense the efforts must be to put them into effect.

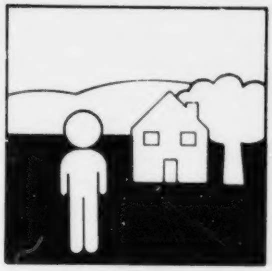
At the local level, it is a question of establishing programmes. An attempt is made to fit into the programme mold all of the measures which must be taken to solve a clearly identified problem. It is a combination of activities and services making possible a maximum achievement of the objectives set forth with the active participation of the groups and areas concerned. Here as well, programme stages and specific principles must therefore be respected.

Many prevention programmes fail because the opportunities and restrictions in a given community have not been sufficiently analyzed. These are often extremely variable in nature, depending on the sociocultural values, the interests they represent and how the people involved perceive the problem.

The participation of groups in determining the problems which threaten their physical and intellectual well-being and their social functioning is an essential element in the community approach to prevention. Although the primary objectives require that information be centralized, that a step backwards be taken and that efforts be coordinated, it is through an awareness of the particular needs of the different communities and the flexibility in adaptation of programmes at the local level that the preventive approach becomes effective and meaningful in the minds of the people.

In the White Paper on cultural development it is written "a substantial portion of the health of a people can be evaluated according to its ability to provide itself with an adequate living environment." (*unofficial translation*).

Reinforcing the community organization of the interested groups, their participation and the development of initiatives are, in themselves, preventive measures.



Recommendations

National coordination

1. *That the ministère des Affaires sociales, in co-operation with the departments and government bodies involved, as well as the promotional organizations:*

- *develop a national policy for the prevention of physical and intellectual impairments;*
- *put forward a long-term national plan for interventions;*
- *take over the national coordination of impairment prevention and detection programmes;*
- *develop, with the regional health and social services councils and the intervention network establishments a strategy for the regionalized implementation of the prevention policy;*
- *define a code of ethics for prevention programmes and community models for programmes in cooperation with the target groups and those working in the field.*

The OPHQ undertakes to cooperate with the ministère des Affaires sociales, of which one of the mandates is to safeguard the public health of Quebecers, to work towards developing an overall policy for the prevention of physical and intellectual impairments. The principal partners of the department in the implementation of this recommendation are the Régie de l'assurance-automobile, the Commission de la santé et de la sécurité du travail, the ministère de l'Éducation, the ministère du Loisir, de la Chasse et de la Pêche, the ministère de l'Environnement, the ministère de la Justice, the Commission des droits de la personne, etc.

Research

2. *That the ministère des Affaires sociales, acting through the Comité interministériel de la Science et de la Technologie and in co-operation with the University Council:*

- *develop a mechanism for the centralization and consultation of scientific data in the area of physical and intellectual impairments prevention and detection;*
- *set forth priorities for research with an overall perspective of the interrelations of risk factors and make them known to the universities and subsidy-providing organizations;*
- *co-operate with federal authorities to determine and include in the federal census the variables necessary for detecting persons having a significant and persistent physical or mental impairment.*

Education and training

3. *That the ministère de l'Éducation, in co-operation with the ministère des Affaires sociales, the universities, CEGEPS and professional corporations:*

- *develop and integrate the community-health dimension and all knowledge concerning the prevention and detection of physical and intellectual impairments into:*
  - *general training programmes (colleges, universities, adult education);*
  - *professional training programmes for future community health agents (health, social, educational and economic sciences);*
  - *continuing education programmes for current active agents.*

Local coordination

4. *That the ministère des Affaires sociales, in co-operation with the regional health and social services councils and the hospitals:*

- *favour an organization of community health departments which would enable them to coordinate and plan programmes for the prevention and detection of physical and intellectual impairments in their districts.*

5. *That the community health departments:*

- *make use of a many-faceted overall approach in their research and programmes for the prevention of physical and intellectual impairments;*
- *obtain the co-operation of multidisciplinary teams in order to analyse the sociocultural, psychological and physical-environment related factors which threaten the health of the various groups in their districts;*
- *favour the participation of the groups and promotional organizations in the analysis of their needs and in the elaboration, implementation and evaluation of all programmes;*
- *improve the monitoring and referral-for-diagnosis systems for people detected as susceptible to physical or intellectual impairment.*

Preventive measures

6. *That the ministère des Affaires sociales:*

- *guarantee the development of a network of local community service centres throughout Québec;*

- *favour, in cooperation with the regional health and social services councils and community health departments, the implementation of the mandate of the local community service centres to be responsible for physical and intellectual impairment prevention measures in their own district.*

Participation

7. That the local community service centres:

- *favour the participation of the groups concerned in defining the measures to be taken to minimize the risk factors they are faced with and to adapt to local needs the impairment prevention and detection programmes proposed by the community health departments;*
- *favour the support and development of community initiatives in the field of physical and intellectual impairment prevention and detection;*
- *develop information-distribution systems for physical and intellectual impairment prevention and the services available, and make certain this information is accessible in alternate media, in a widely understood fashion, as well as in a convenient and understandable form, depending on the groups concerned.*

8. That the parties active in community health in the elaboration and implementation of primary prevention and physical and intellectual impairment detection programmes;

- *favour an approach clarifying preventive measures, in particular the overspecialization of programmes, and promote the maximum control of a group over its own quality of life.*

5.
Diagnosis and Treatment

Introduction

Diagnosis and treatment of the impairment are essential in designing a service programme for a handicapped person. First, it is the diagnosis which confirms the existence of an impairment. Depending on its type and extent, timely treatment and rehabilitation can make possible the control of an impairment while maintaining the person's ability to function at a maximum level. Prompt and effective referral for complete evaluation and the eventual establishment of a service programme, which will include plans for adaptation, rehabilitation and support for social integration, makes it possible to ensure the ongoing development of a person with a significant and persistent impairment. The diagnosis and treatment phase is, therefore, an extremely important first step towards social integration.

The situation

Diagnosis and treatment of an impairment can be very complex. Indeed for each type of impairment, the active agents must know:

- the causes;
- the nature and symptoms;
- the variable potential for development of functional capacities;
- the treatment required by the person, particularly when the impairment first becomes evident.

All this information must combine with an accurate appraisal of all things concerning the handicapped person, his family and social environments. Assembling all this data requires the availability of a team of specialists from different parts of the medical, nursing care, adaptation and rehabilitation fields.

A power

Diagnosis and treatment of an impairment remains firmly in the hands of physicians. Because of legal restrictions and long-established practice, the physician is still the principal active agent with the authority to have a person admitted to all the health-care and rehabilitation services in Québec. He has the power and responsibility to assess the situation of each person and the services needed by him. There is little recognition of the role and evaluations of professionals from other areas who have aided in diagnosis and treatment.

This makes it difficult to develop a comprehensive plan; there seems to be a tendency to regard the problem from the medical point of view alone and to disregard the situation as it is for the person. Generally speaking, because of its particular situation, the medical profession is inadequately prepared to give support, information or recommendations to people with an impairment or to their families. So their patients are often in a state of ignorance and dependence. Up-to-date methods of adaptation or rehabilitation and of integration, depending on each category of impairment and the degree of consequent functional limitation, are not widely enough publicized or known to the active agents.

Some obstacles are caused by the organization of health-care services and the way in which they are presented. There has been great difficulty in establishing multi-disciplinary teams in hospitals. Regulations governing professional groups and the clauses of collective agreements rigidly specify the range of activity for each field, thereby creating divisions and power struggles which hinder cooperation. Also, there is very little dialogue between the various medical fields and different departments in the hospitals. On the one hand, there is no reliable method for indentification and referral procedure between detection and diagnosis, and, on the other, none between diagnosis and comprehensive assessment for adaptation or rehabilitation and the support of social integration. All of these impairments prevent an overall approach at the time of diagnosis and treatment and later seriously affect the social integration of persons with impairments which cause limitations.

Access

Another difficulty is the availability and allocation of health-care services in Québec. The extreme lack of non-intensive rehabilitation resources in hospitals, especially on a short-term basis, jeopardizes, sometimes irrevocably, the maintenance or the recovery of certain functional limitations.

There is also an excessive concentration of specialists in the Montréal and Québec City areas, which have respectively 70 % and 17 % of the national total. Persons needing specialized tests and treatment are continually forced to travel.

Moreover, the choice of treatment, the right to accept or refuse it, the conditions of the place of treatment and the overprescription of medication are factors which might affect the extent of impairments and lead to handicap. Finally, it must be pointed out that some impairments require repeated treatment or drugs. Their availability poses financial and technical problems, as well as problems involving the quality of life and the autonomy of the persons concerned.

Diagnosis can also have legal consequences. So a person can find that he is deprived of the right to manage for himself and assigned to a trustee without ever having had the right to defend himself or present proof to the contrary. Rapid changes are awaited impatiently by those persons now receiving, and who have received, psychiatric care, as well as many of the workers involved, in order to secure the exercise of human rights while diagnosis, evaluation and treatment are taking place.

At the Socio-economic Conference, the Minister of Social Affairs expressed his intention of insisting, in a law under preparation, on the careful use of drugs, the authority of physicians and dentists in hospital centres, and on an improved availability, in each regions, of professional health-care resources and specialized treatment.

A consensus was reached, also at the Conference, concerning the continuation of the service programme, which would be available as soon as treatment begins.

THE COMMITMENTS OF THE SOCIO-ECONOMIC CONFERENCE

MINISTÈRE D'ÉTAT AU DÉVELOPPEMENT SOCIAL:

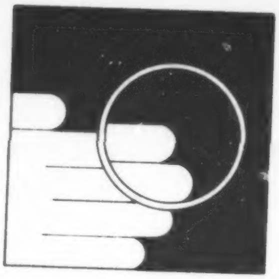
- consult with the promotional organizations concerning the revision of the Charter of human rights and freedoms and the Civil Code;
- provide the promotional organizations with those documents resulting from the reports proposing a revision of the Mental Patients Protection Act.

MINISTÈRE DES AFFAIRES SOCIALES:

- re-examine, in co-operation with the promotinal organizations, the regulation aimed at eliminating the prognosis of "non-integration" into a family.

MINISTÈRE DE L'ÉDUCATION AND COUNCIL OF UNIVERSITIES:

- implement in the Faculties of Medicine courses concerning the responsibilities each member of the profession must assume;
- promote a dialogue between universities and professional groups.



The objectives

Availability of resources

1. Availability of the best diagnostic resources as soon as the possibility of impairment is detected

The goal of diagnosis is to identify the presence of mental or physical impairment by means of a wide range of specialized procedures. This is always done on an individual basis. It can be considered the initial step towards the health and social services which will provide a suitable course of action. Its quality, accuracy and prompt use frequently determine the future capacities of the person who has a physical or mental impairment. Improvement in the system of resource availability is top priority.

2. Referral concerning a multidisciplinary evaluation as soon as an impairment has been diagnosed

The choice and decision to consult various medical, adaptation and rehabilitation resources immediately following diagnosis is frequently in the hands of one person, the treating physician. Referral for a multidisciplinary evaluation must take place at the time of diagnosis of a physical or mental impairment which could cause disabilities and possible handicap.

3. A principle of supporting a person and those close to him at the time a physical or mental impairment is diagnosed

The active parties involved in the diagnostic process have the moral responsibility to support, orientate and refer the person concerned, and those close to him if need be, upon the diagnosis and awareness of the extent of the impairment. More attention must be paid to the education of health-care professionals in this area.

4. A question of medical authority and "patient" dependence

Despite important changes in their practices, the education of physicians and the structure of the health-care system tend to make them concentrate on the problem or sickness, and not on the whole person. Their knowledge and their ability to treat a person's illness place them in a privileged role when compared with society in general. Treatment which is truly human involves that the medical profession, itself, question "patient" dependence and truly evaluate "medical authority".

5. Developing an overall approach to the treatment of impairments

Depending on the types of impairments, their extent and the temporary or permanent nature of the treatment, practices and the method of organizing treatments often make-up the initial factor leading to a handicap in the person concerned. The person loses his social identity becoming only a "case" with a label, a sick person completely categorized, and reduced to being "a problem". The respect for human rights is frequently jeopardized in hospital and institutional environment as a result.

Intensive treatment

6. Improvement of orientation and prompt access to resources for intensive treatment for persons who may acquire an impairment

Depending on the circumstances, intensive treatment of impairments is not always required. It is required for persons whose vital signs are abnormal, particularly following an accident, infection, or the sudden appearance of a serious health problem. Quickly putting such a person in contact with the specialized and short-term resources which will be able to stabilize his condition is a necessary factor for maximum control of the impairment and its consequences.

7. The immediate availability of simple measures for adaptation and rehabilitation during the intensive treatment

It is now very evident, especially in cases of acute trauma, that the availability of simple measures to prevent the degeneration of functional capacities may be essential right from the beginning of intensive treatment. The goal of these adaptation or rehabilitation operations is the optimal preservation of funtional capacities. They require the presence, in the hospitals, of adequately trained personnel available on a short-term basis.

8. Recognition of the role of paramedical personnel during intensive treatment

Nursing personnel, in particular, must be fully integrated into the intensive treatment team and can play a very important role in this area. Action does not necessarily mean specialized treatment, but rather knowing what to do and when. Professional regulations and job descriptions do not always correspond to the needs of the person in this precise phase. The blending of roles, the breaking down of the walls surrounding the various areas and the recognition of the value of all those who work in health care, adaptation and rehabilitation in hospitals are objectives which must be rapidly achieved.

Long-term treatment

9. The access of persons with impairments, provided their treatment programme requires it, to the specialized treatment resources nearest to their home environment

Many persons with impairments must have access to specialized treatment resources on a daily, or periodic, basis. This is particularly so in several categories of visceral impairments. For some, the frequency of their treatments and the seriousness of their condition require their permanent or long-term stay in extended care facilities. For others, regular visits will be sufficient. Depending on the needs of the local populations, support must be given to the organization of specialized treatment resources for outpatients, close to their home environment, while retaining as criteria for admission to and maintenance in extended care institutions not only the quantity and rarity of the required treatment, but also any situation threatening the vital functions of a person. This must be clearly justified in the treatment programme, set up for a person and it must have his approval.

10. Regarding the rights, autonomy and quality of life of a person in choosing his treatment and the terms of its implementation

The possibilities of self-treatment and access to resources, either at home or as an outpatient, are to be promoted as long as this maintains the social integration of the person involved. The treatment programme can also be combined with a service programme ensuring his continued existence in his home environment. The choice of treatments and the planning of therapeutic services must respect the rights of the person, no matter his impairment.

The organization of resources

11. The equitable allocation of health-care professionals according to regional needs

The concentration of professional resources in Montréal and Québec City can be better explained by the demands of the professionals themselves than by the needs of the clientele they serve. The very organization of health-care services, the concentration of research facilities, the system of payment per treatment, and the variety of professional interests according to the type of practice and the distance from large centres together affect the quality and costs related to the availability of resources for diagnosis and treatment. So it becomes urgent to agree upon a reasonable allocation of personnel according to the needs of persons with impairments wherever they may live.

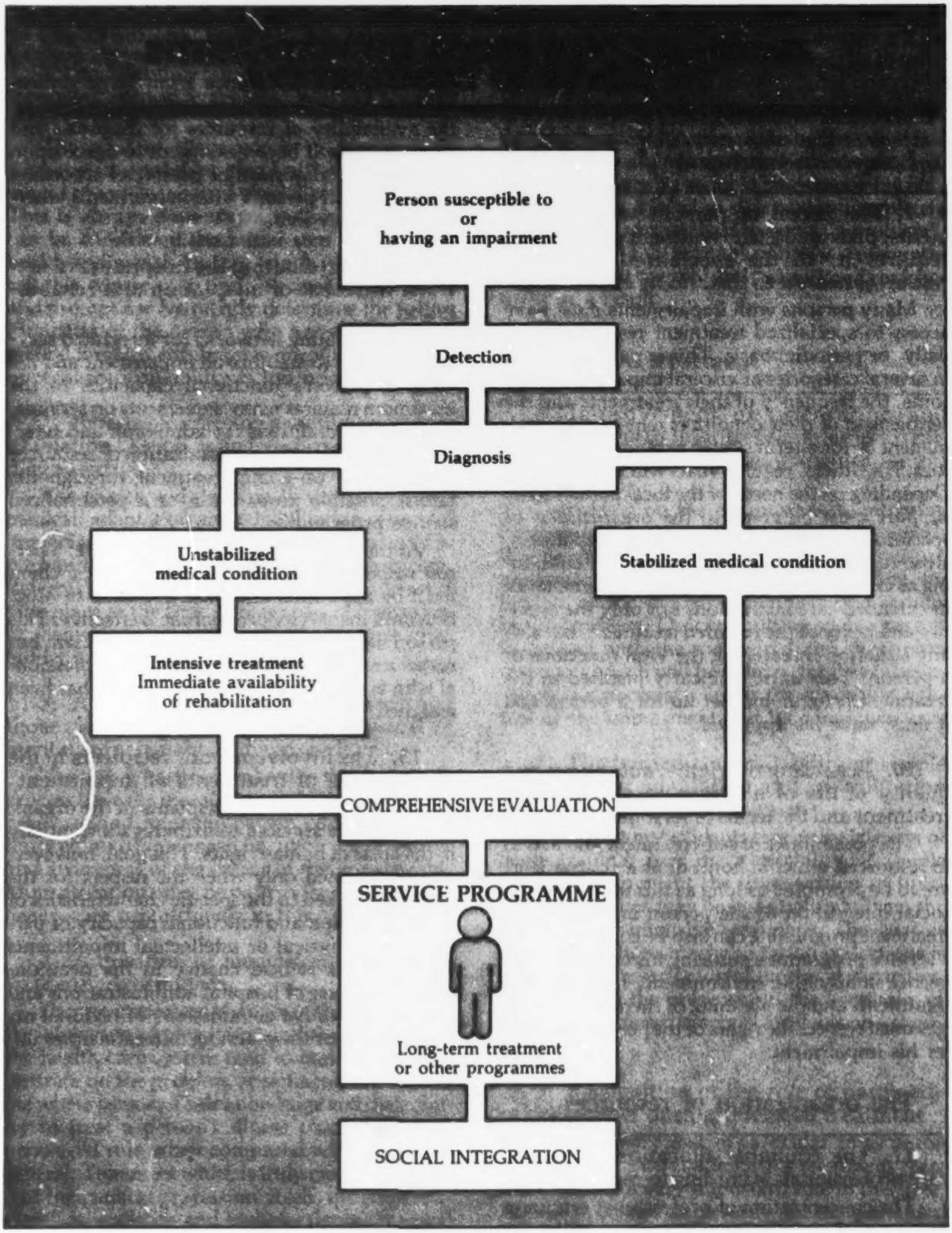
12. Co-ordinating the hospital-care network with that of adaptation and rehabilitation

Co-ordinating networks for integrated services designed to stabilize an impairment and develop a person's functional capacities to the maximum requires many agreements on services, revision of conditions for admission and referral to the services. The organization of resources must permit on-going treatment through the fastest possible preparation of a personalized service programme.

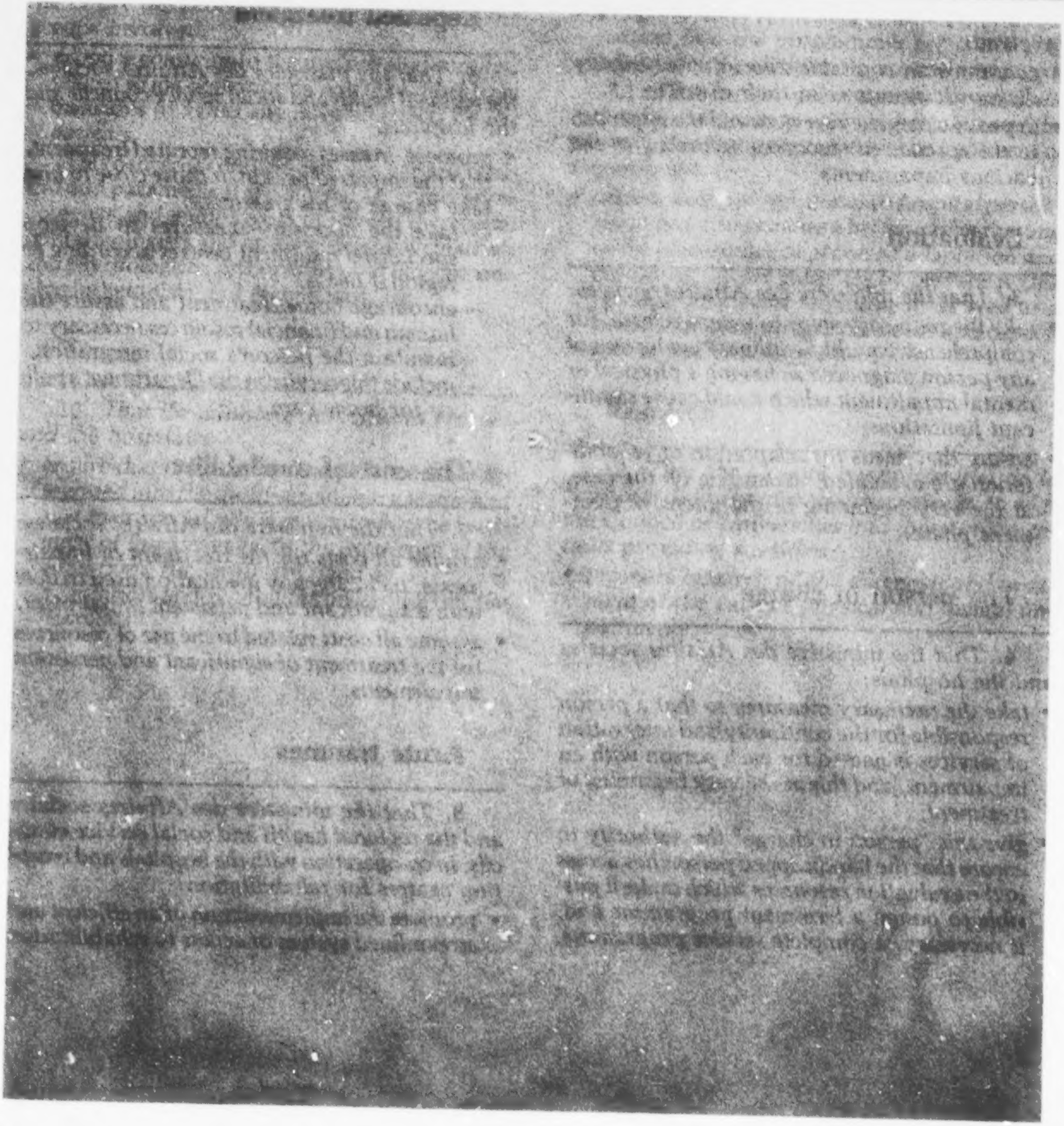
At the moment the diagnosis is made, a person responsible for the follow-up of the client must be appointed and must continue to function until the service programme is effective. This person needs not necessarily be a physician, but rather a social worker or some other professional who is a member of the team which has been assigned.

13. The involvement of recipients in the organization of treatments of impairment

Participation of the recipients in the organization of care services contributes substantially in the areas of human rights. This goal, however, will be attained only when the respect for the principles linked to the specific characteristics of communication and functional capacity of persons with physical or intellectual impairments has caused a radical change in the decision-making process of hospital administrations and the administrative commissions of regional organizations for the planning of treatment of impairments.


Person susceptible to
or
having an impairment
Detection
Diagnosis
Unstabilized
medical condition
Stabilized medical condition
Intensive treatment
Immediate availability
of rehabilitation
COMPREHENSIVE EVALUATION
SERVICE PROGRAMME
Long-term treatment
or other programmes
SOCIAL INTEGRATION

Recommendations



Referral for diagnosis

1. That the ministère des Affaires sociales, in co-operation with the establishments of the network of Social Affairs and the professional corporations involved:

- *improve referral and follow-up to the appropriate diagnostic resources of persons deemed to have the potential physical or mental impairments.*

2. That the ministère des Affaires sociales and the Regional health and social service councils, in co-operation with the professional groups involved:

- *guarantee an equitable allocation of quality diagnostic resources in their districts;*
- *improve emergency services and the approach to the specialized resources according to the various impairments.*

Evaluation

3. That the ministère des Affaires sociales:

- *take the necessary steps to assure referral for comprehensive multidisciplinary evaluation of any person diagnosed as having a physical or mental impairment which could cause significant limitations;*
- *ensure that needs for adaptation or rehabilitation are evaluated, depending on the case, at the very beginning of the intensive treatment phase.*

The person in charge

4. That the ministère des Affaires sociales and the hospitals:

- *take the necessary measures so that a person responsible for the continuity and integration of services is named for each person with an impairment, and this at the very beginning of treatment;*
- *give this "person in charge" the authority to ensure that the handicapped person has access to the evaluation resources which make it possible to design a treatment programme and, if necessary, a complete service programme.*

Resources

5. That the ministère des Affaires sociales and the regional health and social service councils:

- *promote the availability of complete evaluation and specialized treatment resources for persons having a physical or mental impairment;*
- *organize these resources according to regional needs.*

Repeated treatment

6. That the ministère des Affaires sociales, the regional health and social service councils and the hospitals;

- *promote, in cases requiring repeated treatment, that the impaired person or those close to him take charge of his treatment,*
  - *— take the necessary measures to develop specialized treatment centres according to regional needs,*
  - *— encourage home treatment and assure the human and financial resources necessary to maintain the person's social integration,*
  - *— include this service in the Department's policy for home care.*

The cost of availability

7. That the ministère des Affaires sociales:

- *assume all costs for the treatment of impairments, including any medication used to deal with a significant and persistent impairment;*
- *assume all costs related to the use of resources for the treatment of significant and persistent impairments.*

Acute traumas

8. That the ministère des Affaires sociales and the regional health and social service councils, in co-operation with the hospitals and reception centres for rehabilitation:

- *promote the implementation of an efficient and streamlined system of access to rehabilitation* *programmes during the intensive treatment of acute physical traumas;*

- *guarantee the availability of a multi-disciplinary team in charge of adaptation and rehabilitation in the hospital on a short-term basis, this team to be composed of people from their internal resources and from resources presently in the area.*

Professional conflicts

9. *That the ministère des Affaires sociales, the Office des professions and the professional groups involved:*

- *propose solutions to the professional conflicts related to job descriptions, and take short-term measures to avoid any adverse effects on the patients.*

This concerns conflicts between various medical and paramedical specialists: otorhinolaryngologists and audiologists or speech therapists; ophtalmologists and optometrists; psychiatrists and psychologists; orthopedists and physiatrists; physiotherapists and technicians, etc.

Teams

10. *That the ministère des Affaires sociales and the hospitals:*

- *ensure that the paramedical personnel are integrated into the multi-disciplinary teams and that their special role is recognized in the treatment of impairments, in the excellence of the conditions for treatment, and in supplying adaptation and rehabilitation services in the hospitals.*

Training

11. *That the ministère de l'Éducation and the professional groups involved in diagnosis and treatment, in co-operation with universities and colleges:*

- *clarify and integrate, in the courses concerning responsibilities of the professions, the ethics and principles necessary for providing information, support, orientation and referral services to the person with a physical or mental impairment, as well as to those close to him;*
- *integrate these principles of ethics and information into the programmes for continuing education of practitioners currently engaged.*

12. *That the reception centres for rehabilitation, in co-operation with the hospitals and the professional groups involved in the treatment of impairments:*

- *offer training programmes to hospital personnel in order to provide a better understanding of the importance of access to adaptation and rehabilitation programmes by persons with a physical or mental impairment, as well as a better understanding of the needs and capacities of the handicapped.*

Research

13. *That the Comité interministériel de la Science et de la Technologie, in co-operation with the Council of Universities and those organizations providing subsidies:*

- *promote research on the diagnosis and treatment of the various physical and mental impairments.*

6.

Adaptation and Rehabilitation

Introduction

We all have in common a fundamental biological fact; that we belong to the human race and are born with a potential for living which develops only as it is stimulated by a social environment, to which each person responds in his own individual way. Each of us is different, with a unique background. Our functional capacities depend on a continuing ability to adapt to our surroundings, social norms and the living conditions of our environment, families and community. Our initial steps in learning about life and its conditions pave the way for the development of our potential for integration and participation in community life.

For some of us, however, a physical or mental impairment results in functional limitations and creates a situation where the usual ways and knowledge do not suffice; so a specialized programme for adaptation or rehabilitation becomes necessary. Its objective is to provide for the handicapped person those resources and means necessary to develop his autonomy and to compensate for his functional limitations.

The situation

Origin and evolution of the services

A brief historical review helps to understand the reasons for certain problems encountered today in proposing adequate programmes of adaptation and rehabilitation for the handicapped.

The person with impaired hearing

Persons whose hearing is impaired from birth or at an early age must adapt to different means of communication with the use of specialized, appropriate techniques. It is with this in mind that, during the XIXth century, some programmes teaching sign language were initiated. Other programmes are more recent: audiology and speech therapy, verbal and non-verbal communication, the perfection of auditory prostheses and easy access to learning the use of equipment; for example, the hearing aid programme of the Régie de l'assurance maladie for persons under 36 years. This gradually enables people to be less isolated and to look forward to a much greater participation in society in general.

Having been frustrated for a long time, because the education system in ordinary schools lacked special teaching methods, persons whose hearing has been impaired since birth must adapt themselves to equipment, learning its use, and to moral support for their integration into society; however, we must bear in mind that the discussion continues over the most effective means of communication for teaching those whose hearing is impaired.

A profound change is taking place in the supra-regional rehabilitation centres which had been, until 1977, specialized schools. With the gradual implementation of the policy of educational adaptation, their programmes are being restructured. Something new and very relevant are the programmes begun at a young age, including early stimulation, a result of the cooperation between parents and specialists.

Rehabilitation applies rather more to people who lose their hearing at some point in their life. They need a combination of professional programmes, equipment and support to re-adjust and to carry on their daily activities inspite of their limited hearing.

Persons with an intellectual impairment

Due to the segregation of persons who might jeopardize the genetic future of the race, institutions had been mainly places of social control and shelter. Significant programmes for adaptation and education only entered the picture in the 1950s, with the emergence of parent and professional associations, which have continued to play a decisive role in implementing programmes for learning, stimulation and development.

At the present time, the outstanding changes that are taking place are the early stimulation[1] of children, access to education, learning of work habits and autonomy in the activities of society in general.

Intellectual impairment is often accompanied by physical impairment; it is of the utmost importance to develop all the capacities of a child. The possible causes of intellectual impairment now number more than 300; also, it is estimated that 88% of intellectually impaired persons demonstrate a potential for functional development, which is sufficient, once stimulated and encouraged, for complete integration into society. It involves helping the individual to develop his capacities through learning programmes which will make possible his active participation in the life of the community. Even a person with serious functional limitations, when placed in a favourable environment, will learn the basics (to feed and dress himself, to take care of his personal hygiene, to communicate) thereby increasing his feeling of self-worth and his independence.

Thus, the institution is not the place best suited for adaptation, but rather schools, business, the community and the family, combined with appropriate support. However, the high rate of institutionalization of these people seems to indicate that we have still a long way to go in facilitating the development of their potential for integration into society in Québec, and we must also bear in mind that many of them have a long history of institutionalization. Support resources such as day services and supervised apartments are still in the developing stages, and a great deal remains to be done in rehabilitation centres and in the setting up of self-development activities within the community, so that the centres will no longer have to assume a "daycare role", especially for adults.

For those adults housed in reception centres, there are presently very few available and worthwhile programmes which would offer support to them as they attempt to acquire the capacities necessary for a more independent life. Many people who are intellectually impaired live with their

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(1) Adaptation programme for 0 to 5 years old children, which consists in offering awakening experiments and rich environment to stimulate their intellectual development.

families; they, too, need special programmes to develop their potential.

Persons with a motor impairment

For persons with this type of impairment, the main discoveries which have permitted the development of rehabilitation measures are:

- therapeutic (antibiotics, controlling conditions resulting from the impairment),
- technological, by perfecting orthopedic and prosthetic devices designed to help them regain the functions affected,
- ideological, by gradually changing their habits. After having saved their lives and taken care of their needs as handicapped persons, it is time to look to developing their potential with a view to helping them assume an active life once again.

The Second World War and the concept of compensation led to the establishment of services for war victims, which are gradually becoming available to other handicapped persons. The increase in the number of people with a motor impairment is directly related to the increase in occupational and traffic accidents, the drop in the mortality rate and an increased life expectancy. First and foremost, bodies are regarded as mechanisms to be repaired and cured in order to make them functional again.

Children who are born with a motor impairment, or who acquire it at a very early age, present the problem of distinguishing between adaptation and rehabilitation. They develop and adapt as they are able, on a continuing basis, illustrating at the same time how important is the complete development of one's capacities. This overall approach has developed, particularly in the last few years, in the rehabilitation centres for persons with motor impairments; it is a very positive sign. It raises questions concerning the disorganized methods of compensation for assisting a person towards the development of all his functional and social potential, for training him and equipping him with a view to full participation in daily activities. Productive work is no longer the only important objective.

The major problem is the growing number of impairments caused by our contemporary lifestyle and the aging of the population. In particular, there are the impairments caused by cerebro-vascular accidents, rheumatism or arthritis which, when taken into account, significantly increase the number of handicapped(2). At the present time, thousands of people are being neglected and do not have sufficient access to programmes for adaptation or rehabilitation. If this could be changed, the costs of housing them and supporting them as we are now doing, would be substantially reduced.

Persons with a psychological or emotional impairment

Persons with psychological problems which seriously affect their behaviour or their capacity for autonomy, have often been subject to social control measures, sometimes police-related and corrective, although appearing as diagnosis and medical intervention. Plans for rehabilitation and integration into society, recent and still evolving, have been supported by the use of more sophisticated drugs and an ideological change in relation to the mental health patient. Methods of treatment such as electro-shock are being used less and less, but are not prohibited. Surprisingly enough, during 1981, in Québec, there were 8,444 anaesthetics for electrotherapy.

Despite the tendency to gradually open up institutional facilities and to turn more and more to supportive services of a non-resident and community nature, living through a "psychiatric episode" is always a sort of interruption in the normal course of a person's life, a social stigma which brings its own problems. In most cases, well co-ordinated supportive measures are necessary for the person who has lost a sense of social autonomy. The approach to this problem is still mainly medical, treating the mental health patient with medication and hospitalization.

However, an important change is taking place, which is responsible for the development of programmes combining to deal with environment, family, conditions and life styles, which appear to be more and more responsible for the onset and persistence of emotional and psychological problems. There are not enough resources of a non-medical nature, on an out-patient basis, even though they are thought to be essential in the rehabilitation process. This segment of the population has been long neglected and has just recently felt able to talk about the impairment as well as the attitude adopted by the community toward them.

Persons with a visual impairment

Of equal importance to setting up the Braille system is the need to begin programmes with a view to learning, adaptation and education. In this area the main initiatives are schooling, support in the job market, the creation of workshops and training in certain professions.

(2) *La santé des Canadiens — Rapport de l'enquête Santé Canada*, ministère de la Santé et du Bien-être social, Ottawa, 1981, p. 117.

In 1974, with pressure from the visually impaired and those close to them, the Girard Report recommended the establishment of two supraregional centres. Their mandate was to supply a range of services for adaptation and rehabilitation. Along with two other regional centres set up in 1982, they also maintain evaluation, training and the distribution of visual aids. In this area, the overall approach is not fully expanded due to the lack of specialized professional services, lack of access to technology and necessary training, clarification of responsibility and specification of programmes.

Persons with multiple impairments

The situation of persons with multiple impairments has always been, and still is, deplorable. They are constantly confronted with one organization of resources which has to serve for every type of impairment. Thus, people in this very disadvantaged group often have to be placed in institutions where adequate stimulation is lacking. To arrange suitable treatment for the person as an individual, and not just as an "impairment", there must be co-operation between all those working in the field of adaptation and rehabilitation. At present, there is very little of this cooperation and programmes are poorly co-ordinated.

The Problems

Despite the progress made in this area and the major policy recommendations which have resulted from several ministerial studies(3), some basic questions have triggered many debates and some research efforts in the milieu(4), but remain without the answers which might have formed a consensus.

This is particularly so in the case of:

- defining adaptation and rehabilitation programmes;
- setting goals;
- drawing the line between treatment of impairments on one hand and social integration (work, education, participation in society) on the other;
- determining basic principles to be respected in the entire adaptation and rehabilitation process for the handicapped.

Access to services

People with disabilities, at the present time, face grave injustices. Indeed, access to adaptation and rehabilitation services depends on:

- age
- how the impairment occurred
- type of impairment or presence of multiple impairments
- degree of disability
- distance from large cities
- income.

Whether having an impairment from birth or acquiring it through disease, environment-related dangers, accidents in traffic, at work or in sports, the results are the same — that people with similar disabilities can have completely different degrees of access to the services offered. Depending on the regulations regarding access and the standard fees, the quantity and quality of resources available to the individual vary: Commission de la santé et de la sécurité du travail, Régie de l'assurance-automobile, ministère des Affaires sociales. Progress made in the implementation of these systems emphasizes, conversely, the injustice to those who are doomed to be dependent because they are not in the right category!

In many cases, moreover, the criteria for admission into institutions or programmes seem more like criteria for exclusion. There is a tendency to disregard people whose potential for development or recovery is considered limited or in question. This is even more so when the person has related impairments or is elderly.

Access to technical aids

Access to technical aids has improved considerably since the mid-1970s with the implementation of public programmes designed for people with motor or sensory impairments. Unfortunately, these programmes still do not answer all the needs, and access to them is unequal according to age. The criteria for allocation are related to the type of impairment and do not take into sufficient account the disabilities encountered in daily life which become evident in an evaluation of each individual. Updating the list of available technical aids, the methods of distributing them as well as the necessary instruction for using them raise many questions which must be settled in order to further the development of social autonomy for persons with physical impairments.

(3) *Mémoire de programmes sur les services à l'enfance*, ministère des Affaires sociales, 1973. *Proposition de politique à l'égard des personnes handicapées*, ministère des Affaires sociales, 1977.

(4) See Rapports des tables provinciales, ministère des Affaires sociales, 1981, and documents of the Association des centres d'accueil du Québec, as noted in the bibliography, 1980-81.

Access Costs

Transportation and housing costs in connection with evaluation, adaptation and rehabilitation still make access to resources difficult. Reimbursement of these costs depends on whether the person is covered by the Commission de la santé et de la sécurité du travail, the Régie de l'assurance-automobile, whether he is on welfare or not eligible for any plan. Application of policies varies according to area, and problems are particularly serious in the outlying areas.

Information for the person and his participation

The handicapped and their families have little available information to help them demand services of adaptation and rehabilitation for their needs. Despite good intentions, actual participation of the handicapped (and their families, if necessary) in decision-making and standard procedures for adaptation or rehabilitation is most often of a passive nature and not really encouraged by the workers in charge.

Respect for the person

It is becoming increasingly evident that the medical approach of curing the patient by treating only the affected part, is not really suited to programmes of adaptation and rehabilitation. Those involved in dealing with the handicapped know that they must treat not only the affected part, but the person as a whole; however, putting this total approach into effect seems to present difficulties, there is a serious shortage of co-ordinated and complementary programmes. Often a gap still exists between the programmes and the reality of everyday life as experienced by the person in his own milieu. This leads to his dependence on professionals in the field which is demonstrated by the fact that he has more clinical, specialized activities that those in his natural environment.

Compartmentalization of Professionals in the field

The divisions which occur among professionals according to their training and roles adversely affect the handicapped. Differences in status and problems stemming from control of the actions and decisions taken by professionals result in many power struggles, complex disputes between professional personnel. The interests and needs of the handicapped take second place to the organizational attempt to defend territory and field of operation. Similar observations can be made about the organizational divisions which occur between institutions.

Attitudes and Practices

Most adaptation and rehabilitation facilities are now trying new approaches which hold great promise for developing the capacities of the handicapped. Moreover, putting them into general use indicates an important change in attitude and practices. Still today, treating the whole person is not really a general consideration of the programme of adaptation and rehabilitation. The same is also true in multi-disciplinary methods; even if the principles seem to have been adapted, medical leadership still takes precedence over people working in the other disciplines. Moreover, the whole field of adaptation and rehabilitation is still subject to the prejudices and social attitudes which contribute to the handicap profile.

Information for and training of personnel

There is still a great deal to be done about the availability and appropriateness of programmes in Québec in the area of professional training of new personnel for adaptation and rehabilitation. There is absolutely no instruction in certain fields.

Aside from some experimental projects in continuing education, suitable programmes for the on-going professional training of personnel involved are sadly lacking. While discussing the factors which determine the subject matter of these programmes, we often lose sight of the objective — that is, to improve the programmes with the needs of the handicapped in mind.

By and large, health-care professionals who take an active part in detection, diagnosis or treatment of impairments, are not fully aware of the resources and possibilities for adaptation and rehabilitation. There is a tendency to make a hasty judgment, whether optimistic or pessimistic, concerning the functional capacities of the handicapped. Often, people are not referred for an adaptation or rehabilitation assessment, although the need for this is present. Lastly, one notes, on looking back, a lack of appreciation for, and recognition of, the professions which work toward adaptation and rehabilitation.

Research

Technical aids are an integral part of a policy of adaptation and rehabilitation. Insufficient research in this area has created same discrepancies and a complete dependence on foreign products. Moreover, little effort has been made to put into practice innovative theories for adaptation and rehabilitation. This is also true about evaluation of functional capacities, the focussing on methods which will promote evaluation of the effectiveness and scope of the various techniques for treatment. Generally speaking, today, there is a lack of data which could point out the savings to be made, both medium and long-term, by a substantial investment in this area.

Specifications for programmes of adaptation and rehabilitation

The difficulty in fitting adaptation or rehabilitation programmes properly into the process for integration of the handicapped impedes the effective organization of resources. The activities of certain institutions, such as rehabilitation centres or regional health and social services councils, infringe on all the other fields of action (institutional care, housing, home care, transportation, educational services, vocational integration, relaxation, etc.). The difficulties lie in the uncertainty about the mandates of the various networks for public and parapublic services, as well as in an apathy in offering the suitable services needed for the success of a social integration process.

Despite very promising efforts, there is a lack of full co-operation between networks, at local, regional and national levels. The result is inconsistencies of which the patients must suffer the consequences. In view of this situation, some personnel in the fields of adaptation or rehabilitation claim the right to co-ordinate all areas concerning the handicapped, which, of course, does not agree with the principle of maximum integration of specialized services with regular networks. Consequences to the individual are serious; users will testify to mistakes in orientation, delays or carelessness in referrals, admission problems and even, sometimes, the inability to provide the necessary services.

A somewhat disturbing problem is present — that of obtaining a clear picture of the nature of the programmes and the types of services offered, with a description of the clientele. One of the main causes is the disparity in the definitions being used, which prevents any comparative analysis of existing data. Current budgetary difficulties stress not the lack of data — there is a great deal of it — but its inconsistencies; it cannot be used to evaluate present programmes, to make valid comparisons of the areas of action, or to arrive at a better understanding of the impact of these programmes on the integration of the handicapped.

Concentration of resources

Specialized facilities for adaptation and rehabilitation are concentrated in large cities, with an uneven allocation of professional personnel according to professions and the needs of the regions. This allocation, however, seems to be less marked in resources working with the intellectually handicapped.

Budget distribution

A large portion of the budgets for adaptation or rehabilitation is used for purposes of treatment, institutional care or even for the maintenance and management of institutions. It is extremely difficult to gear funds toward direct services for the person in his own milieu and towards setting up of out-patient resources, thus reducing to a minimum the high cost of keeping people immobilized.

Participation of the recipients

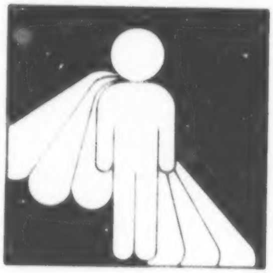
Committees composed of recipients in those institutions offering adaptation or rehabilitation services are a recent development of an amendment to the Act respecting health and social services. This encourages the involvement, although still slight, of the people concerned in the expansion and evaluation of services and programmes.

The Socio-economic Conference

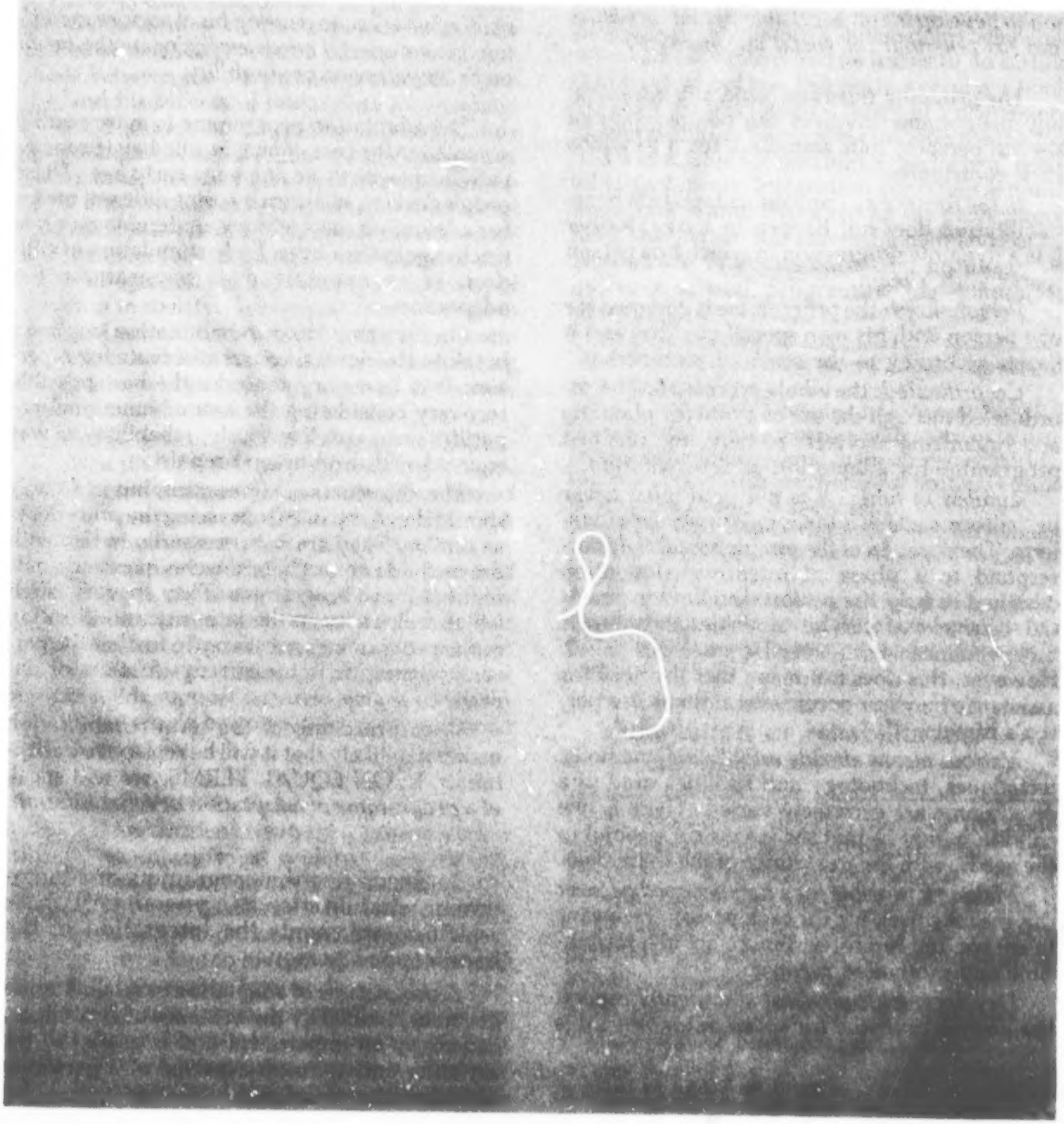
At the time of the Socio-economic Conference, some very positive agreements were reached on the following:

- the establishment of regional data banks for available services and the terms regarding access to them for all personnel involved, the handicapped and their families,
- the urgency of implementing systems for coordination in the field of adaptation and rehabilitation, and with the other areas of intervention,
- the formation of a Joint Committee of the ministère des Affaires sociales and the ministère de l'Education to clarify the roles of each and to co-ordinate their programmes,
- the development of guidelines covering the distribution of adaptation and rehabilitation services and the establishment of a procedure to verify that the guidelines are respected by the rehabilitation centres;
- the principle of regionalization of services,
- the appointment of an authority responsible for the regional development of programmes of adaptation and rehabilitation for the handicapped,

- the expansion of technical aid programmes according to patient priorities and with the objective of integration,
- that the costs of specialized equipment be tax deductible,
- refusal to accept that the physician has any more authority than other professionals in the field of adaptation and rehabilitation,
- the training and high degree of competence of personnel,
- the improvement of referral systems,
- the general use of individual programmes and the treatment of the whole person in adaptation and rehabilitation.



The objectives



Definition

1. Adopting a common definition of the programme of adaptation or rehabilitation

It is essential that those working in this field have a common frame of reference for their programmes.

The programme of adaptation or rehabilitation is the grouping together, in the form of a personalized process which is both co-ordinated and limited in time, of the various means established to make it possible for a handicapped person to develop his physical and mental capacities and his potential for social autonomy(5).

The grouping together: generally speaking, any programme involves the co-operation of several persons, thus forming a team to which each contributes.

In the form of a… process: adaptation or rehabilitation does not happen in a day. Rather it is a dynamic progression in which one person works with a team.

Personalized: the programme is designed for one person with his own special qualities and it varies according to the needs of each person.

Co-ordinated: the whole process must be co-ordinated through the use of a tool for planning and organizing services: namely, the planned programme for adaptation or rehabilitation.

Limited in time : it is not, and must never be, a process which is life-long or even very long-term. The duration of the programme should correspond to a phase of intensive stimulation designed to help the person develop his potential, learn to live with his capacities and gain his independence, with specific goals in mind. However, this does not mean that the need for assistance may not occur several times in a person's lifetime.

Various means already established: methods, techniques, technology and facilities used in a programme are extremely varied. There is one condition only — that the means correspond to the needs, with the free choice of the individual.

Making it possible for a handicapped person: this means providing for each person the means to enable, but not force, him to act in a responsible and motivated manner.

Developing his physical and mental capacities and his potential for social autonomy: this means meeting and dealing successfully with the demands of normal activity in society according to his ambitions.

In the field of the handicapped, an adaptation programme is indicated in any situation where various means are proposed for a person with a physical or mental impairment to develop his functional capacities and his potential for autonomy.

A rehabilitation programme designates the assembling of the various means which enable a person, who has already made a so-called "normal" adaptation, to develop his capacities according to new special needs emerging as the result of an impairment or disability.

The adaptation programme is more readily accepted in the case of people who have been impaired since birth or at a very early age. These people develop and learn by using different means for adaptation, and without undergoing a drastic change in their lives. Early stimulation of children is an example of a programme for adaptation.

On the other hand, rehabilitation implies a break in the normal course of events for a person. It is necessary to make the best possible recovery considering the loss of functional capacities sustained. Previously, rehabilitation was equated with healing and repairing.

The differences are important, but in no way should they keep one from seeing the procedures as similar. They are not necessarily in line with the methods or specialized techniques and goals of the planned programme. They appear, usually, as a disparity in the intensity and duration of the programmes necessary to further the person's adaptation to his current situation, or, indeed, to a new one.

Widespread use of the term *rehabilitation* makes it unlikely that it will be replaced by *adaptation*. In ON EQUAL TERMS, we will speak of *a programme of adaptation or rehabilitation*.

2. Specifying the programme of adaptation or rehabilitation as a premilinary phase which complements the integration of the handicapped person

A programme of adaptation or rehabilitation becomes justified by the existence of disabilities, caused by an impairment and is geared to the activities and aptitutes expected of a person in his particular social role.

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(5) Definitions adopted by the OPHQ, the ministère des Affaires sociales and the ministère de l'Éducation on September 1982.

It can begin right after diagnosis and continue till the person has developed his capacities to best acquire autonomy according to his age, his own functional capacity, his ambitions, aptitudes and the reality of his own environment. This must be designed, keeping in mind a time limit. However, it is necessary for the programme to have some continuity in regard to follow-up or safeguarding functions already acquired. It can also resume in some circumstances such as aging or increase of the impairment which cause further limitation and jeopardize integration of this person into the environment of his choice.

The average length of this process varies greatly according to the impairment and the degree of disability. A basic distinction must be made between the adaptation process of a person and his successful integration into society. In fact, this type of integration is possible only by dealing with the environment and the organization of services as well as with the person himself; e.g. architectural and environmental availability, availability of suitable services, support services for integration and change of attitude. Integration refers to full participation of a person in society. This means that the organization of services and the milieu should be as sensitive as possible to his special needs, respecting to the utmost his expectations, and his social, economic and cultural origins.

The programme of adaptation or rehabilitation must precede, and pave the way for, integration. These two dimensions must be co-ordinated though composed of different principles. A programme of adaptation or rehabilitation is not the answer to everything. Even if well prepared and oriented, a person does not automatically acquire the same capacities as someone without an impairment. Once he has had a chance to test his potential for participation in society, he may need suitable support services without which his integration would be impossible, or very difficult and likely to fail.

Two examples

After an accident (*cause*), a person with a serious leg injury must undergo amputation, which is done by a medical team (*impairment*). This amputation results in a functional limitation of mobility and also psychological shock; he must now adapt to his new situation and find the means to enable him to do so. He is then referred for adaptation or rehabilitation where he will find techniques to help him carry out his daily activities, equipment, which is fitted for him, training to use it and psychological support (*disability*). Thus, he will have every possible advantage to meet the demands of an active life and pursue professional training courses (*handicap*).

At a very early age, a child displays certain symptoms which make his parents realize that something is wrong. He shows little interest in his environment and is slow in learning to talk (*detection*). Consultation with health-care specialists reveals the presence of an intellectual impairment (*diagnosis*). With family co-operation, professionals in adaptation or rehabilitation make sure that this child has the benefit of an environment which will further his development. Early stimulation is initiated, his behaviour shows improvement and he learns to do certain things. At school age, he goes to a regular school, but with the specialized support of a professional who monitors his progress, advises the teacher and is available for the child if, and when, needed (*adaptation*). Integration continues without interruption and, thanks to all the professional help, this person has reached a high level of independence in adolescence, and no longer requires a special programme for adaptation (*integration*).

When a quadriplegic learns to feed himself, to turn the pages of a book...
When a child with a hearing impairment learns to communicate.. When a person with a serious impairment learns to move about in the everyday world...
When a person with psychological problems learns to function as part of the team...
When a young person with an intellectual impairment learns to dress himself, take the bus and to find his way...
These are basic prerequisites for integration. Understanding is to really know that the adaptation of a handicapped person forms the foundation for his integration.

Adaptation or rehabilitation programme

3. Maximum development of the functional capacities and potential for social autonomy of a handicapped person

Any person with disabilities must be able to avail himself of the services and resources necessary for his adaptation or rehabilitation, whatever the case may be:

- the cause and nature of the impairment
- the extent of functional limitation
- age
- socio-economic background

- where he lives
- the type of social barriers encountered.

Since there are no guidelines for adaptation or rehabilitation which apply to everyone, an approach having as its focus the development of the potential of each individual is essential when making use of the programmes.

4. Respecting the characteristics of each person in an evaluation and adaptation or rehabilitation

All handicapped persons are entitled to a thorough and effective evaluation, which takes into account their individuality and makes it possible, if need be, to provide useful information for the preparation of a planned programme of adaptation or rehabilitation which meets their needs. This programme is intended to assist one particular person, not a category. This is an absolute must when someone is referred to the services area. Whatever the case, each individual has the right to respect for his own particular ways; there are no ready-made solutions, not even partial ones.

A wide range of assistance can be offered, keeping in mind a comprehensive assessment of the person's specific needs. This basic principle — respect for the individual — precludes ready-made planned programmes. Programmes can be established, but specific requirements cannot be determined solely on the basis of the type of impairment or age. Considering the normal activities of a person, and his own environment, it is possible to make decisions so that he can learn to live with a disability. Therefore, according to the many socio-cultural roles, from birth to senior citizens, to the diversity of daily and social activities, and to the capacities which the person wishes to develop, it becomes possible to determine how he may gain his autonomy in relation to specific goals.

5. Preparation and application of an adaptation or rehabilitation programme for each handicapped person

Any person requiring these types of services is entitled to the benefits of a personalized programme, thus making it possible to decide on goals which can be attained. It requires co-operation between professionals and also that the person himself be involved in deciding what his needs are.

6. Recognizing the handicapped person as being the main factor in his own adaptation or rehabilitation process and ensuring his active participation in decision-making

Personal motivation and the responsibility of involvement are elements necessary to develop capacities and gain autonomy. This must encourage intervention and counteract a passive resistance to professional guidelines. Information given and language used by the members of the intervention team must be very clear so that the person may understand the usefulness of the process in which he is involved. His active participation in decision-making and respect for his opinions and choices must be guaranteed. This means that he can refuse assistance; and that he has the right to know the causes of his impairment, his possibilities and his limitations meanwhile looking positively and with a feeling of self-actualization at his potential and difference.

7. Participation of the family in decision-making and the availability of information, support and material-aid resources for the family

The role of the family and its attitude are of utmost importance in a person's adaptation or rehabilitation(6). In order to play its role fully, the family must be able to obtain all necessary information, advice and help, with the objective of promoting the development of the person's capacities.

For young children, it is the responsibility of the parents, with the help of adequate specialized support, to provide early stimulation. Generally speaking, they must also be involved in the preparation and application of the planned programme. When a person remains in, or returns to, his home environment, the continuity in doing exercices, the wealth of experience and the conditions necessary for the gaining of autonomy and the development of potential depend to a large extent on the attitude of the family.

8. Regarding the difference in relationships between the adaptation and rehabilitation professionals and the handicapped person

Each person involved in an adaptation or rehabilitation process must be able to use his right to obtain effective support, free from overprotective or self-demeaning attitudes. This is necessary in order to acquire a responsibility for his own progress. It necessitates an awarness on the part of the professionals and the suppression of defeatist attitudes which result in a lack of interest and the tendency to neglect many persons because of the significance of their limitation, of their slow progress, of personal annoyance caused by their behaviour or appearance, or because of their advanced age, for example. The same situation prevails for idealistic attitudes which tend to hide from the handicapped person the reality of his situation, to place him in an artificial environment, which creates intense frustration as soon as he faces social reality, despite possible progress.

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(6) See Chapter 11, *Family assistance*.

9. To pinpoint and correct situations and attitudes which might further a handicap even while in the process of adaptation or rehabilitation

A profound change is taking place in adaptation and rehabilitation environments. Much thought on the part of many people is involved in order to realize the objective which, more and more, many professionals deem essential for the quality of their programmes. Those working in the field are aware that, despite their training and their objectives, they often contribute towards the making of a handicap. Very recent research shows that basically we use methods of intervention focussed on the performance, comparison and adjustment of the handicapped person according to productivity factors or socio-cultural stereotypes which are not suited to him. This situation results in programmes which do not prepare the handicapped person to face the reality of life in the society of his own environment. We tend to stress what is lost, or is not there, while neglecting the actual possibilities of adaptation, recovery and of finding the different ways in which a person can go about his daily activities.

The programme of adaptation or rehabilitation can be confining and not very attractive for the person involved. He is often not interested in the activity because he does not understand how it fits in with the accomplishment of his social integration. We must point out administrative budgetary, professional and theoretical restrictions, based on their effectiveness over the short-term and on a too great appreciation of the number of results. These must be eliminated to improve the quality of the programmes. An approach which is justified in terms of management presents one aspect of the person in relation to each professional involved.

A person with an impairment, from the moment of discovery, hears talk about nothing else all day long. This excess of attention focussed on the problem gradually creates a dependence on professionals. Moreover, the constant comparison with several norms increases the risk of forcing the person to see himself as definitively handicapped, an object of services. It is very important to understand that it is not the goals of professionals which he must seek, but rather those goals which are meaningful and useful for him.

Attaining the objective of autonomy does not mean an all-out effort to enable a person to accomplish everything. It does mean offering a way to accomplish his own objectives, with the help of information made available to him by the multi-disciplinary team. It is up to the team to keep in touch with him as to how well his treatment is accomplishing its goals. In each area the professionals involved must be responsible for re-appraising their practices, attitudes, or any difficulties they may have as they work in the adaptation or rehabilitation of persons with functional limitations.

10. A practice of the adaptation and rehabilitation in situations which are motivating and similar to daily life

The accomplishment of activities in the usual environment must be promoted. Institutions must open wide their doors to become places both pleasant and stimulating. As much as possible, learning or training activities not needing sophisticated equipment should take place at home, at school, in the working milieu, during relaxation. Intensive treatment in one place might be necessary during an intensive period. Professionals in the field also need a central base of operations which meets their needs for combined action, for meeting, for having specific resources available, for training and research. But we must always follow a course which is mainly oriented to the individual unless it is beneficial for his development to be in a group with others in a similar situation.

Exploring the milieu and the activities, both challenging and actualizing, promote the self-adaptation and self-rehabilitation of the person. It is understood that help from the team simply enables him to improve his capacities to carry on with his activities. The establishment of specialized milieus has been a basic request of the handicapped, their associations and even the professionals themselves, and there is much progress in this area. Now it is time to open up these institutions and establish them as a base for the distribution of the programmes. They must increase in number in order to be closer to where the handicapped live and to provide them with situations which are inspiring and challenging. This is not necessarily a matter for a specialist, but for methods, aids and relationships, all of which promote the development of capacities!

11. The development, experimentation and spreading of new knowledge favouring the potential for adaptation or rehabilitation of the handicapped

Technological as well as theoretical progress can transform the potential for development and the functional capacities of persons with impairments. We must encourage this research which keeps changing what is possible, and even the perception of the disabilities. The specialized environment of adaptation and rehabilitation is in a unique position to develop, experiment with and distribute this knowledge. It must also assume the role of consultant, with the co-operation of the handicapped themselves, in order to direct all the partners so that they may accomplish social integration.

Research must be concerned with:

- theories and their practical application;
- development of instruments and methods appropriate for the various levels of intervention;
- adaptation and elaboration of tools to evaluate capacities;
- effectiveness of the programmes.

Resources and services organization

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12. The general use of the planned programme as a tool to co-ordinate and to design services of adaptation and rehabilitation required by the handicapped person

Generally, an extensive planned programme is compulsory for all persons requiring these particular services and it must function together with a service programme. Whatever the type of impairment and the total picture of the functional capacities of the person, we need one thing — a smoothly functioning organization of resources.

First step: Referral for a complete evaluation

However the impairment becomes apparent, it is essential to initiate the necessary steps for referring the person to qualified professionals who will carry out a total evaluation of functional capacities to determine if the adaptation or rehabilitation approach is the right one. This must be done as soon as possible following diagnosis and must be very efficient. The example of acute traumatisms is classical and now well documented. For these persons, very early adaptation or rehabilitation must be available from the medical team in the hospital, even though the impairment is not stabilized. Recent research has shown that, for persons who are victims of a cerebrovascular accident or of an injury to the spinal column, it is imperative, for optimal recovery, that some intervention occur within 24 to 48 hours after the accident. In the case of impairments which do not have an acute phase and do not require treatment of the impairment, referral must also take place in an orderly fashion. Top priority in organization must therefore be to correct whatever causes lack of, or delays in, referral for total evaluation.

Second step: complete evaluation

This evaluation allows the most complete picture possible of individual characteristics. It takes into account the following elements:

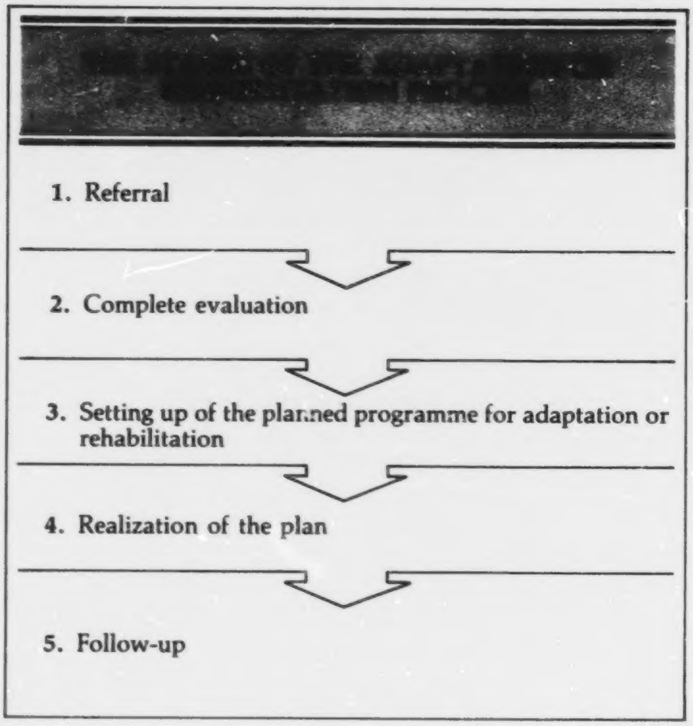
- causes, symptoms and characteristics of the impairments,
- nature and extent of disabilities,
- history and social identity of the person,
- reaction to his condition,
- social barriers which he has or will have to face during integration.

The multi-disciplinary team is made up of several professional specialities which must agree with the reality and the needs of everyone, the results of which determine the progress they are making in adaptation or rehabilitation. Once the step is taken, regular evaluation is carried out as the person improves. This can lead to the adoption of new methods, discarding the programme, the beginning of a new step towards autonomy.

The multi-disciplinary team should consider the individual, and eventually his family, as full members of the team, at the time of evaluation, to fully assess the situation, to explain whatever is necessary and to encourage them to participate in decisions concerning them.

Third step: setting up an planning an adaptation or rehabilitation programme

With regard to evaluations, the multi-disciplinary team determines solutions, plans programmes, arranges access to existing programmes and co-ordinates the elements with respect to individual needs. Of these, co-


1. Referral
2. Complete evaluation
3. Setting up of the planned programme for adaptation or rehabilitation
4. Realization of the plan
5. Follow-up

ordination is the most important and requires as much an integration of adaptation or rehabilitation programmes and their availability in the community as contacts with the persons responsible for programmes complementary to other service networks: home-care, educational services, at work, etc… This is necessary to tie the programme of adaptation or rehabilitation to the service programme easing the social integration and the optimal maintenance of the person in his own environment. A person in charge of coordinating the adaptation or rehabilitation programme must be appointed by the team and be in contact with the establishments and organizations involved in the implementation.

Fourth step: implementation of the adaptation or rehabilitation programme

Once the programme is put into effect, it can be re-evaluated and re-defined if needed and depending on the type of treatment required, an intensive phase may be desirable where adaptation or rehabilitation is the prime objective of the individual. Then he can be moved out into the community and treatment eventually concentrated on minor adjustments to his surroundings. The foregoing are neither fixed nor necessarily consecutive steps, but only some possibilities for treatment.

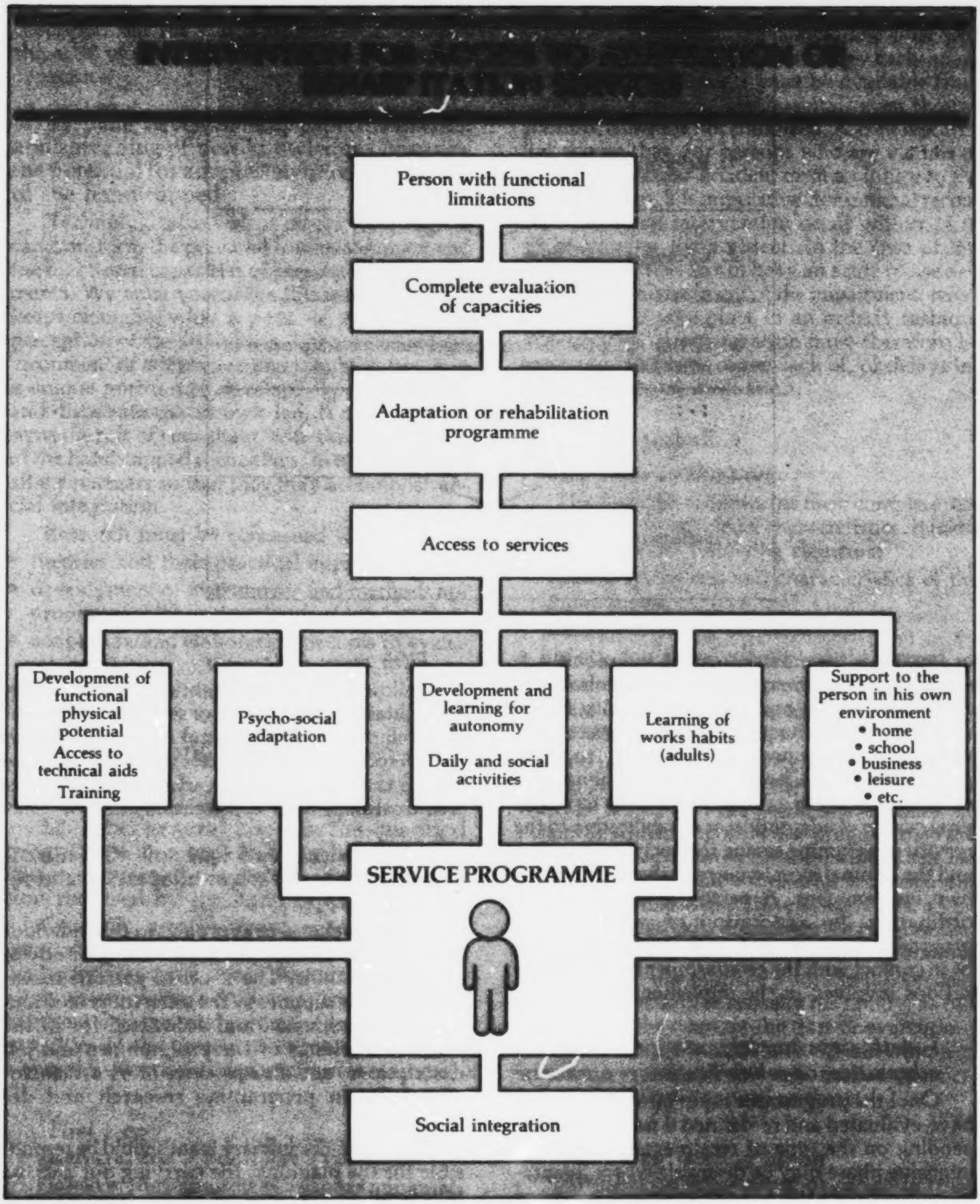
Fifth step: follow-up

Follow-up is often essential to maintaining rehabilitation and a supply of services in the event of a relapse, and is undertaken by the team if the person wishes it and feels the need. Periodic checks can be justified in certain cases once active treatment has been terminated.

13. Widespread use of the multi-disciplinary approach to adaptation and rehabilitation

A comprehensive approach to the individual must be multi-disciplinary stressing a body of interrelated skills. The effort to personalize interaction and support by the different professionals must be stressed and accounted for in the internal workings of the programmes and job descriptions, and also produce more satisfactory results in programme research and development.

The multi-disciplinary team should be responsible for the planning, the carrying out and the follow-up of the adaptation or rehabilitation programmes; its composition should vary as needed. There is no special need to assign authority to one profession or another, but in the interest of consistent treatment, the team should designate responsibility for carrying out the programme to only one of its members.


Person with functional limitations
Complete evaluation of capacities
Adaptation or rehabilitation programme
Access to services
Development of functional physical potential
Access to technical aids
Training
Psycho-social adaptation
Development and learning for autonomy
Daily and social activities
Learning of works habits (adults)
Support to the person in his own environment
• home
• school
• business
• leisure
• etc.
SERVICE PROGRAMME
Social integration

A model for distribution of co-ordinated services

14. Access to adaptation or rehabilitation services in everyday life

Since the prime objective of adaptation or rehabilitation is to give the individual the means to develop his independence in order to take his place in everyday life, institutionalization would be regrettable. As far as possible, resources should be organized towards permitting the individual to stay in his home, although if this is not possible because of the type of treatment required or an unsuitable environment, resources should include accommodation as an alternative to institutions: for example, group homes, foster families, or private quarters with support staff.

15. Regional autonomy of adaptation and rehabilitation services

All regions should have available resources appropriate to the carrying out of programmes for the handicapped regardless of the type of functional limitations; methods may vary, according to region and the urgency of the need. Each region should provide for the distribution of services essential to co-ordinating resources, interdisciplinary conferral, localizing special services and research development; adaptation and rehabilitation services should not be centralized in one location, but rather should co-ordinate their activities. Access to these programs is assured according to the following model:

- *Limited services on a local basis*, in collaboration with social and educational institutions (local community services centres, hospitals, social services centres, school boards), or as a mobile unit available to people at home, in school, in hospital, in industry, providing limited outpatient services of a temporary, periodic, non-intensive nature, and providing support or follow-up including animation and family support.
- *Regional services* for areas not in need of sophisticated, costly, or infrequently used facilities.
- *Supra-regional services* requiring transportation and accommodation should be highly specialized and intensive and justified by criteria such as cost, superior quality services, specialized or highly specialized evaluation. They may provide only one element, such as equipping or training, of the programme which may lead to independence in everyday life.

16. Co-ordination of adaptation or rehabilitation programmes

Depending on the urgency of need within each region, one or more organizations should be charged with the co-ordination of adaptation or rehabilitation programmes for the impaired, working with service networks such as education, integration into the work-place, home services and recreation. They should ensur consistent development and application of the programmes in conjunction with those organizations directly involved in integrating the handicapped into everyday life and maintaining them in their surroundings. Notwithstanding, there would seem to be no particular advantage which would result from giving them the final authority for co-ordinating all the programmes for integration of the handicapped, since the move should be towards a precise definition of the responsibilities inherent at each stage of the treatment in a spirit of sharing skills, interrelation of programmes and understanding of treatment procedures.

17. Access to adaptation or rehabilitation programmes with regard to disabilities and personalized goals of the programme

The organizations mentioned above should be responsible for applying these programmes. The development of treatments in the past resulted in an approach which dealt with each impairment separately often causing difficulties for those with multiple impairments. Adaptation or rehabilitation determined by functional limitation involves the development of joint programmes, tailored to the specific needs of the individual, because of the limitations resulting from the different impairments, rather than comprehensive programmes available *to everyone regardless of their needs*.

An example: with regard to the principal limitations and age of the visually impaired, all regions, according to the need, should put into effect programmes for directional orientation, communication, poor eyesight, independence in daily life, learning of work habits, early stimulation, etc... the services being available in the centre, the working milieu, or at home as the case may be. In the same way, programmes for the physically, intellectually and mentally impaired should also be available in each region.

18. Technical aids: co-ordinated research development and availability

First of all, let us consider what technology can do towards developing the functional capacities of impaired people. The objectives of a policy regarding access to technical aids in Québec are:

- to develop research into technology useful to the functionally impaired;
- to evaluate products available on the international market;
- to determine the educational needs of professionals specializing in the production, distribution and maintenance of technical aids as well as user training;
- to centralize data concerning the distribution of aids, the increase in demand, the effect of their availability on the adaptation or rehabilitation process and on the quality of integration of the handicapped into society;
- to furnish expert advice for the updating of listings of the aids covered by government insurance programmes based on technological improvement and consumer needs;
- to ensure universal access to technical aids recognized by government insurance programmes according to:
  - — correction of impairment;
  - — compensation of functional limitations;
  - — adaptation to the individual's immediate environment or activities essential to his integration into society.

The government should ensure the availability of existing and accredited technology guided by a comprehensive evaluation of the individual's capacities and with a view to anticipating, and compensating for, his functional limitations in day to day activities. The regional authorities should be responsible for distributing technical aids and supplying the training necessary for their use.

19. Reimbursing the handicapped for transportation costs incurred by adaptation or rehabilitation

Already partly covered depending on the circumstances, universal reimbursement of travelling costs ought to be the objective, since periodic recourse to some specialized adaptation or rehabilitation services will always mean travelling on the part of the user. Therefore, it must be assured that the costs inherent in obtaining these services are not an obstacle, especially for those people living in areas far from urban centres.

20. Access to support programmes for the handicapped needing them

Whatever the impairment, and with regard to individual need as determined by evaluation, anyone should be able to enter support programmes, which are complementary to regular treatment, and can be undertaken all in conjunction or consecutively as desired, and take into account within the present networks, the individual as a whole.

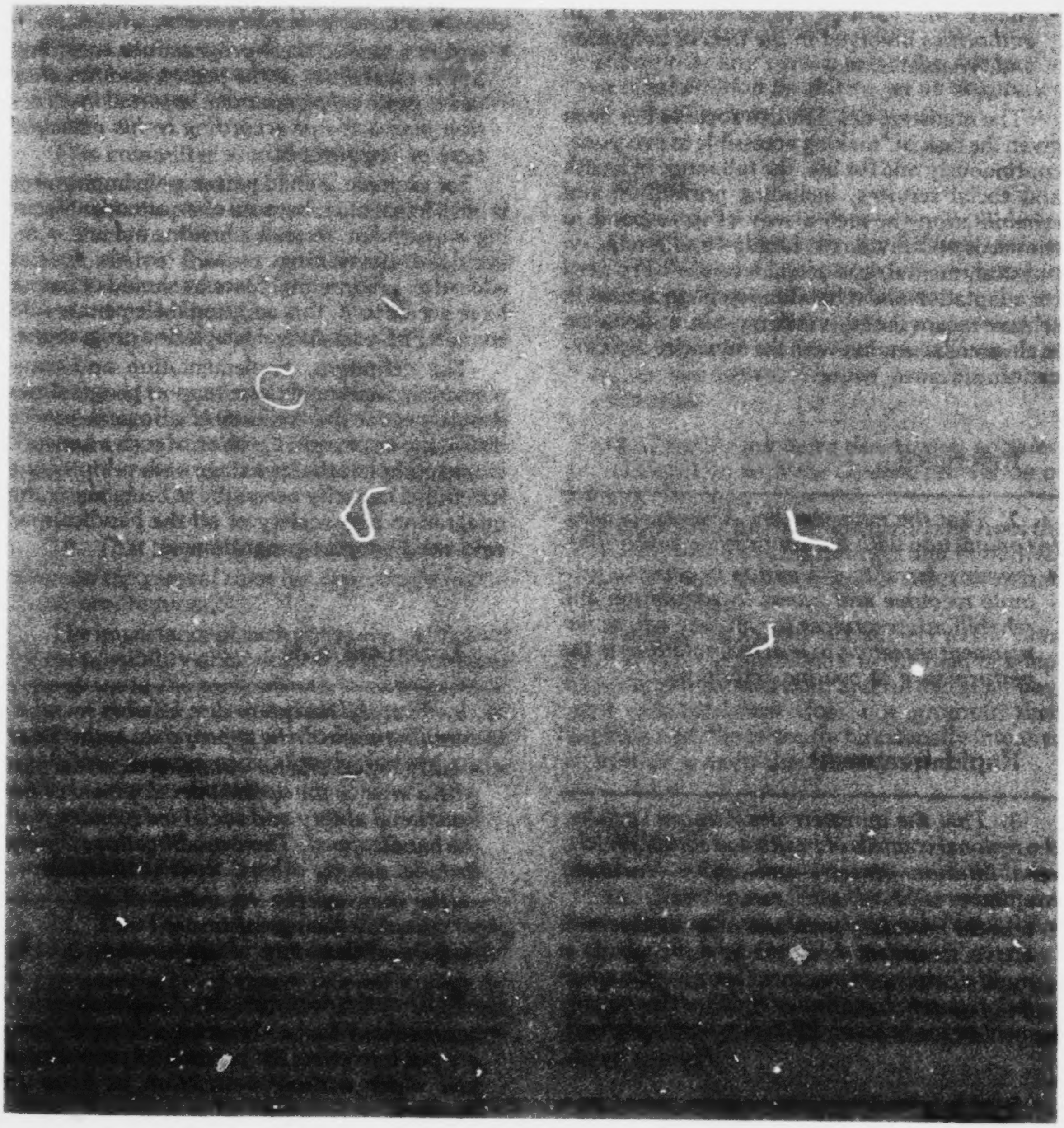
21. Participation by the handicapped in organizing adaptation or rehabilitation resources

The authorities responsible for organizing resources and planning adaptation or rehabilitation programmes should invite the help of the handicapped and their associations as users and consumers of these services.

SUPPORT PROGRAMMES IN ADAPTATION AND REHABILITATION

- developing physical functioning capacity, technical aids and training
- psycho-social adaptation
- developing independence in daily community activities
- learning work skills (adults)
- support for those outside institutions (home, school, business, recreational resources, etc...)

Recommendations



Resources organization models

1. *That the ministère des Affaires sociales, in co-operation with the ministère de l'Éducation:*

- *define and set up operational adaptation and rehabilitation models according to objectives and standards outlined in this paper;*
- *accept as a priority the standardization of access to, distribution and financing of services for all groups requiring treatment;*
- *clarify the various responsibilities of all authorities involved in the fiels of adapation and rehabilitation.*

The ministère des Affaires sociales has been given the task of "making accessible to everyone, continuously and for life, the full range of health and social services, including prevention and *rehabilitation*, in such a way as to respond to the needs of individuals, families and groups on physical, mental, and social levels".(7) The need for adaptation and rehabilitation programmes in schools means that this task must be undertaken in close collaboration with the ministère de l'Éducation.

Reference

2. *That the ministère des Affaires sociales, in conjunction with the appropriate authorities:*

- *favour referral to evaluation in order to promote recourse and access to adaptation and rehabilitation services for anyone whose impairment threatens to lead to limitations in the performance of routine activities.*

Rapid treatment

3. *That the ministère des Affaires sociales, the regional councils of health and social services, rehabilitation centres, and active treatment hospitals:*

- *take the necessary measures in order that each active treatment hospital have access to a multi-disciplinary treatment team for the adaptation or rehabilitation of those whose impairment or medical condition is not yet stabilized.*

Support programmes

4. *That the ministère des Affaires sociales, in co-operation with the ministère de l'Éducation and the appropriate authorities:*

- *determine the make-up of adaptation and rehabilitation support programmes aimed at developing the capacities and independence of the physically or mentally impaired persons including significant and persistent intellectual or emotional problems.*

5. *That the ministère des Affaires sociales and the ministère de l'Éducation:*

- *ensure access to these programmes according to the disabilities of the person and the aims of his personal programme as stated in an action plan and not according to his principal type of impairment.*

For example, a child whose main impairment is intellectual may, because of an attendant hearing impairment, require a hearing aid and communication training as well as his special education programme. Since he should of course have access to it, this additional element would complete his educational adaptation programme.

The definition, implementation and complementary nature of these support programmes should permit the creation of a logical service distribution network. Creation of such a network would complete the first stage of developing the functional capacity necessary to bring about the integration into society of all the handicapped who need support programmes.

Technical aids

6. *That the ministère des Affaires sociales, in consultation with the appropriate authorities:*

- *modify the criteria for obtaining technical aids with a view to the optimal development of the functional ability and social independence of the handicapped. These modifications should include, among others, three major issues:*
  - *— the same criteria regardless of age,*
  - *— complete listings of insured aids,*
  - *— general flexibility of application.*

7. *That the ministère des Affaires sociales:*

- *ensure that visual and hearing aid programmes are put into effect for persons 36 years of age and older without restriction as soon as possible.*

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(7) *Loi sur les services de santé et services sociaux, section 2, art. 3, paragraphe B.*

8. *That the ministère des Affaires sociales:*

- *immediately open these two technical aid programmes to persons aged 36 and older selectively according to the following priorities:*
  - *persons having acquired a significant and persistent sensory impairment as a result of illness or accident,*
  - *persons requiring technical aids for integration into or continued existence in the workplace or to facilitate access to education.*

9. *That the ministère des Affaires sociales:*

- *establish a permanent committee to revise the listings of insured aids for use in visual and hearing aid programmes, prosthesis, orthopedic devices and other programmes... without delay.*

This committee would provide:

- continuous updating;
- full and complete listings of technical aids as available on the market;
- evaluation of efficiency as related to the needs and requirements of the consumer;
- revised price listings;
- sets of criteria for the allocation of technical aids.

It should be made up of representatives from the ministère des Affaires sociales, the Régie de l'assurance maladie du Québec, appropriate rehabilitation centres, the promotional organizations and the OPHQ.

10. *That the ministère des Affaires sociales:*

- *revise the general rules for applying technical aid programmes.*

The importance of such revision is underlined by the possibility of having two aids of the same type given to the same person in some cases or types of aids not appearing on the list which can fulfill some requirement particularly well and are explicitely recommended for the individual by his treatment programme.

Evaluation

11. *That the ministère des Affaires sociales, in conjunction with the appropriate authorities:*

- *promote the development of a fair system for evaluating functional ability and its systematic application once validated with a view to complete evaluation.*

The development of such a system is indispensable in determining the need for adaptation or rehabilitation. Standardization and systematic application should promote the creation of a planned programme and supply data concerning the needs of the handicapped in relation to their abilities. This is especially important for evaluating work abilities.

Adaptation or rehabilitation programme

12. *That the ministère des Affaires sociales and the ministère de l'Éducation:*

- *ensure that any person requiring adaptation or rehabilitation be able to get an adaptation or rehabilitation programme*

Teams

13. *That the ministère des Affaires sociales and the Office des professions, in co-operation with the professional corporations:*

- *promote the multi-disciplinary approach to treatment and ensure that the members of teams themselves choose programme coordinators.*

14. *That the ministère des Affaires sociales, in collaboration with the Québec Federation of Medical Doctors:*

- *propose solutions to problems arising from the recruitment, status, privileges and remuneration of doctors practising in adaptation and rehabilitation.*

Medical doctors are not subject to the same rules as other professionals in the field of adaptation and rehabilitation, and furthermore payment per treatment does not promote their working with the seriously functionally impaired as part of a multi-disciplinary team.

Infancy

15. *That the ministère des Affaires sociales, in co-operation with the ministère de l'Éducation:*

- *set up early services for infants.*

Animation and independence-training services for handicapped children of up to age four are very underdeveloped and should be considered a priority.

Travelling expenses

16. *That the ministère des Affaires sociales:*

- *take the steps necessary to ensure financing of travelling expenses for the handicapped with regard to evaluation, adaptation or rehabilitation in all regions.*

Training

17. *That the ministère des Affaires sociales, the ministère de l'Éducation, social affairs and educational network authorities, in co-operation with the appropriate professional associations:*

- *develop and implement compulsory on-going training programmes on the adaptation and rehabilitation problems and existing programmes and resources;*
- *emphasize during training the responsibility of health-care professionals and social workers to refer those having detected and diagnosed impairments to the appropriate centre to undergo a comprehensive evaluation in order to determine which adaptation or rehabilitation programme as stated in a complete service programme, would be desirable.*

18. *That the ministère de l'Éducation and the ministère des Affaires sociales, in co-operation with universities and CEGEPs:*

- *develop and implement professional training programmes in the fields related to the adaptation and rehabilitation of the handicapped.*

Information

19. ***That the ministère des Affaires sociales, through the regional health and social services councils and the promotional organizations:***

- ***set up a permanent information programme about services of adaptation or rehabilitation and technical aids programmes for the handicapped likely to benefit from these programmes and for their families.***

Research

20. *That the Comité interministériel de la Science et de la Technologie, in co-operation with the appropriate authorities:*

- *draw up a policy for research in the field of adaptation and rehabilitation of the handicapped;*
- *study as a priority the establishment in Québec of a research and development centre for technology geared to minimizing the disabilities inherent to the various impairments;*
- *include this element into the national scientific research policy.*

This very important step is aimed at facilitating the planning and implementation of adaptation or rehabilitation support programmes in relation to the most common functional limitations, the development of precise techniques to be used by the treatment teams, and the widest use of existing technology for the benefit of the handicapped. The Committee should seek the help of the ministère des Affaires sociales, the ministère de l'Éducation, the OPHQ, the Commission de la santé et de la sécurité du travail, the Régie de l'assurance maladie, the Régie de l'assurance-automobile, universities, rehabilitation centres and the promotional organizations.

Data

21. *That the ministère des Affaires sociales:*

- *revise the existing information systems in order to obtain uniform, usable and easily accessible data about the need for services and the services given by the authorities responsible for the adaptation and rehabilitation programmes for the handicapped.*

Presently the data collection systems do not produce information regarding either which services are dispensed effectively to the handicapped or related human, material and financial resources. Revision of the systems is essential to a better determination of costs and effectiveness of programmes.

Quality of services

22. *That the ministère des Affaires sociales, in conjunction with the ministère de l'Éducation, the appropriate institutions, the OPHQ, and the representatives of the users:*

- *establish norms for the quality of service in the field of adaptation and rehabilitation in order to evaluate the effectiveness of the programmes and the quality of the services rendered.*

National co-ordination

23. *That the ministère des Affaires sociales in co-operation with the ministère de l'Éducation:*

- *guide national co-ordination of adaptation or rehabilitation programmes;*
- *see to it that the policies concerning the adaptation and rehabilitation of the handicapped are implemented.*

This national co-ordination of adaptation or rehabilitation programmes should allow for:

- national planning of support programmes for the handicapped;
- regional budget responsibility;
- linking the policies, programmes and resources of other networks with a view to the whole: prevention, detection, diagnosis and treatment which are the first elements of these programmes and related resources aimed at ensuring optimal conditions for integration into society, schools, and the job market in the framework of an action plan;
- linking regional co-ordination in this area;
- active participation by promotional organizations in decision-making.

Regional co-ordination

24. *That each regional health and social services council in co-operation with the regional school boards, the appropriate authorities and the promotional organizations or the representatives of the recipients:*

- *co-ordinate the adaptation and rehabilitation programmes for the handicapped in order to put the policy into effect at the regional level;*
- *plan regional access to resources for their residents;*
- *designate regional priorities;*
- *allocate budgets;*
- *evaluate programme effectiveness.*

This is in keeping with their task of regional planning in the area of adaptation and rehabilitation as outlined in ON EQUAL TERMS.

25. *That each regional health and social services council, in co-operation with the appropriate institutions and the regional school boards:*

- *evaluate the present organization of the resources and the needs of the recipients;*
- *suggest a model to the ministère des Affaires sociales for the distribution of adaptation and rehabilitation services to the handicapped according to the objectives of ON EQUAL TERMS.*

In order to develop resources to deal with the various disabilities as much as possible within the community, the task of evaluating needs and suggesting a model for the regional distribution of the programmes must be given to the regions themselves.

This regional model should take into account:

- the rate of incidence and classification of the impaired in relation to various target-groups (type of impairment, degree and type of functional limitations, age, geographic location, type of programme required);
- the effects of the progressive application of the recommendations on the numbers and categories of impaired persons referred for adaptation or rehabilitation;
- the development or quality of services preceding and complementary to the treatment phase of adaptation or rehabilitation;
- the appropriateness of a suspension of programme co-ordination at the local or sub-regional level and along which lines;
- the ability to attract competent professionals to practise in each region;
- the appropriateness of implementing certain ultra-specialized evaluation, outfitting, technical services for the minimization of functional limitation.

26. *That each regional health and social services council*

- *provide in its model for regional distribution of adaptation and rehabilitation services for access to:*
  - *— services spread throughout the region,*
  - *— supra-regional services, according to the recommendations of ON EQUAL TERMS.*

To a great extent adaptation or rehabilitation programmes should be carried out at the regional level. Also, the type of facility, the method or organizing support programmes, and the availability of human, technical, and financial resources should be evaluated on a regional basis with regard to all categories of the impaired, specific categories of the impaired, (for example, directional orientation for the visually impaired), or along the lines of the generic nature of their needs (for example, learning work skills).

27. *That each regional health and social services council*

- *designate which authorities should be charged by the ministère des Affaires sociales with en-*

suring the planning and implementation of adaptation or rehabilitation programmes for the handicapped, regardless of age, within the region.

28. *That the designated authorities*

- *ensure that adaptation and rehabilitation services be accessible to the handicapped of all categories in accordance with the priorities and principles for regional implementation as set out in ON EQUAL TERMS.*

These authorities, as conceived of by the recommendations, should co-ordinate service distribution centres in the region.

Local services

29. *That the designated authorities:*

- *organize limited adaptation and rehabilitation services on a local basis in collaboration with the social affairs networks and school authorities;*
- *adapt the recommendations for service distribution to the needs of the local recipients and to the implementation of adaptation or rehabilitation programmes according to those needs.*

The implementation of adaptation or rehabilitation programmes, or parts thereof, by supplying limited services within the local community (centres, mobile units, educational adaptation, adaptation or rehabilitation services in the home), as well as by preparing for or supporting the individual's integration, through a full range of services, involves collaboration among the various local networks.

7.

Educational Services

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Introduction

Access to educational services is a determining factor for integration into society. The school is a place of learning and socialization for each child. Here, too, the handicapped encounter obstacles related to attitudes and to an organization which does not always consider their needs. Access for the handicapped to an education which enables them to develop their potential suggests, for all of these services, a consistent on-going development theory, since education is an individual but similar process for everyone.

While there are distinctions which must be made for every level of teaching, we must keep in mind, for unity in educational services, a single, uniform policy for all levels. In this paper, we will deal with educational services defined in primary and secondary teaching systems as: "survey of teaching activities, personal services for pupils (or students) and complementary services for pupils...".(1) For those persons with a mental impairment, an individual adaptation or rehabilitation programme will be carried out through the school system and will be fitted into their educational services programme.

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(1) *Règlemement concernant le régime pédagogique du primaire et Règlement concernant le régime pédagogique du secondaire*, ministère de l'Éducation, 1981.

The situation

Policy on educational adaptation (pre-school, primary and secondary)

In the ministère de l'Éducation, handicapped children are included among children who are maladjusted and have learning problems. After presentation of the report of the Provincial Committee on maladjusted children (COPEX)(2) in 1976, the ministère de l'Éducation published, in autumn 1978, a policy statement and a plan of action for children with adaptation and learning difficulties(3). It confirms the following:

- *access to a public system of education*: the child with problems has the inalienable right, like any child, to free public education and the school system must respond to the specific needs of all children, including the handicapped;
- *to offer a good standard of education*: besides the general objective of improving the standard of education offered to all pupils, five objectives are specific for school adaptation;
  - — an optimal education based on the potential of the pupil with difficulties;
  - — prevention of maladjustment;
  - — a more positive evaluation based on comprehensive assessment of the child's aptitudes;
  - — special means necessary to achieve a good standard of education;
  - — an extended school attendance in accordance with the Act to secure the handicapped in the exercise of their rights;
- *in the most normal context for each child*: integration into school, defined as maintaining the child in his natural environment for his education, is the preferred means of social integration for the child who has difficulties.

In this perspective, the policy for school adaptation ratifies the proposal of COPEX to set up a system of *"streaming"*, organizing support techniques geared to the potential and aptitudes of each child.

Putting it into effect is difficult

However, five years after the adoption of this policy, we are forced to admit that the educational problems encountered by the handicapped are still serious and numerous. It is obvious that the actual policy, once established, has not succeeded in meeting the educational needs of the handicapped and it must be expanded and more detailed.

For the pre-schooler, it recommended establishing nursery schools for 4 years old with problems. In spite of the availability of resources, through the ministère de l'Éducation, for setting up these services, many handicapped children do not have access to stimulating activities and the necessary preparation for school.

Moreover, the policy for school adaptation was not meant solely for handicapped children, but even more for children with difficulties, the vast majority of whom are not characterized by a physical or mental impairment. In September 1982, it was estimated that these handicapped children numbered about 21,000. Altogether, pupils with difficulties in adaptation and learning at the primary and secondary levels add up to 92,000. Among the handicapped children, about 7,500 were classed under the term *multiple deviations*, and it was not possible to specify their exact disability as the present school census stands.

The fact of including handicapped children among those with problems of adaptation and learning leads to some confusion between real learning difficulties and failure to adjust to the needs of children according to their functional limitations. Thus, certain handicapped children who are put into a class for those with learning problems, could be integrated into a regular class if the teaching or the organization of the course were changed to take into account their functional limitations.

In addition, children with adaptation and learning difficulties are classed according to the type of their impairment, which directs organization of resources, working conditions and intervention possibilities. In so far as this classification does not take into account the child's potential for development, it becomes an obstacle in the way of a comprehensive approach based on the individual situation. More generally speaking, there are no individualized programme to determine fully the steps to be taken, nor a co-ordinator to assure for each child a high standard of education while staying within their adaptation or rehabilitation programme.

By and large, it is in reality the school which has not yet adapted to the needs of the handicapped child. Indeed, because of the autonomy of each school commission, the reception of the handicapped child in a regular school depends to a great extent on the good will of each area to accept them and to make the necessary adjustments in budgets and resources.

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(2) *L'Éducation de l'enfance en difficulté d'adaptation et d'apprentissage au Québec*, Rapport du comité provincial de l'enfance inadaptée (COPEX), 1976

(3) *L'École québécoise*, ministère de l'Éducation, 1978

Regional Disparities

The autonomy of the school commissions is evident in the great disparity in the manner in which they apply the *"streaming" system*, in the type, the nature and the standards of the educational services(4). Very great differences are noted between regions for the same kind of impairment, which seem to be totally unrelated to an assessment of the individual needs of the children. It seems as if services were organized on the basis of the present resources, such as the existence of special schools, specialists or specialized instructors in the school or district, and not because of the specific needs of each group. There is also considerable variation in quality, according to impairments and regions, for the same kind of impairment.

Special classes admit a fairly large number of children who are sent there because they have problems and need specialized services which differ for each one. In several school commissions, special classes have become, in practice, sort of "hodge-podge places" where you can send anyone who has a physical or mental impairment.

Teaching and specialized support available varies a great deal according to categories and regions and is, on the whole, distinctly inadequate. Certain adaptation and rehabilitation services, as a matter of fact, are almost unavailable in the school environment. This situation is due as much to a problem of availability of professional resources as it is to the failure to clarify who is responsible for supplying these services — the social affairs network or the education network.

Moreover, this support is not always undertaken by suitably trained personnel. The inquiry into the school commissions revealed a major problem in the training and excellence of teaching personnel for handicapped children. Some types of children are certainly more seriously affected than others, such as those with sensory impairments. This can have serious consequences on the carrying out of a functional assessment of the child, because the necessary resources to do this assessment are inadequate.

Attitudes

All the involved personnel from each school are responsible for access to educational services. The adopting of a policy such as that of school adaptation does indeed require a broader attitude in regard to the situation. Often, at present, integration of the handicapped pupil is hampered by a real lack of good will, even sometimes, by the refusal of teachers and non-teaching professionals to adapt their programme in response to these needs. Sometimes, too, parents of pupils are opposed to their children being with handicapped children.

Handicapped pupils often do not have access to a high standard education which is their right. All necessary efforts to make teaching available to them are not being made in regular schools. They encounter difficulties in regard to teaching and evaluation; instead of making suitable arrangements considering their needs, they steer the child into reduced programmes which means they cannot obtain the proper certificates to permit them to pursue their studies and reach the level of their full potential.

The majority of them, indeed, are put into the special class or school where it is only too easy to assume that the child is incapable of taking part in normal learning procedures. Courses are not well-enough adapted to the pupil's needs, either in content or teaching methods. Teachers lack the teaching skills and methods to fit them for this role. There are no set objectives geared to each child. Consequently, a very small minority of them integrate into regular schools and the others are without real training so they can seek work.

More particularly, we must stress the lack of suitable educational services for the handicapped between 18 to 21 years. Since adopting the Act assuring the handicapped in the exercise of their rights, school commissions have to offer services to the handicapped up to 21 years, who request them. At the present time, there has been no special action for this group: school commissions do accept to keep them in the system till they are 21, but do not respond to their specific needs, in a satisfactory manner. So this is a superficial step, in that it does not allow the accomplishment of the goals of a planned programme to assure the handicapped the full range of education they need to live independently in society.

The parents of handicapped pupils often have to assume extra expenses to educate their child, whether for transportation, for technical aids etc. At present, certain grants are available for finan-

(4) Pauline Champoux et Denise Gosselin, *Recherche-enquête auprès des commissions scolaires concernant les élèves handicapés*, Direction générale du développement pédagogique, Service de l'adaptation scolaire.

cial assistance to parents but these grants are limited to $1,500 and don't always cover all extra-expenses paid by parents.

Altogether, present services are not typical of well-planned services - diversified, graduated, dynamic, well integrated and flexible. Much more apparent are regional standardization, the absence of a dynamic quality in the system, its insufficiency when compared to the regular system, and its inflexibility. There is a very great gap between these limited and restricting resources and the needs of children to develop.

It seems quite evident that the sector for adaptation of primary and secondary education has already taken several steps toward a policy statement with regard to handicapped children, but we can hardly say the same for other areas of education. The policy of educational adaptation makes a very valid pattern after which the ministère de l'Éducation is attempting to shape all of the areas. Each area should strive to define goals and courses of action appropriate to it, taking its particular situation into account.

Private Education

Primary and secondary education also concerns private institutions. Presently, there is no measure obliging them to accept those handicapped students who would like to pursue their studies in the private sector, nor to adopt their services for the particular needs of the children.

Furthermore, 1,575 handicapped children attend the eleven specialized private institutions situated, for the most part, in the Montréal area. Some of the children have extremely severe limitations. The majority are referred by their school commission which passes on its most serious cases in this manner. Private education administration of the ministère de l'Éducation does not give these schools specific teaching direction. They follow, more or less, the policies adopted for public schools and sometimes are even ahead of them. The big problem lies in school transportation: parents receive only a minimal amount of the cost they must assume to send their child to a specialized institution which can give him the necessary education.

CEGEP and university studies

Although CEGEP and university are two different areas, their structures, their particular programmes and the situation of the handicapped students who wish to attend them greatly resemble each other. In neither case is the course of study compulsory, and both have admission requirements to maintain in spite of all the accommodations to be made in order to render them accessible. Also, the number of handicapped students going on to these levels of education is small which makes a difference to the organization of services. Yet, in any case, the needs of the students are the same; having achieved a certain independence in the learning process at the lower levels, they need the necessary tools placed at their disposal, and the barriers of architecture and programme organization need to be done away with.

It is rather difficult to find out the exact number of handicapped students enrolled since they do not have to state their functional limitations on the application form. Only the number of students receiving bursaries for the handicapped is known precisely: in 1981-82 there were 153 at CEGEP and 164 at university. However, there is nothing to indicate that all handicapped students receive these bursaries, let alone request them.

Up to the present, the ministère de l'Éducation has confined itself to trying to resolve the most urgent problems (lodging, transportation, financial assistance, modifications to structures and furniture, teaching aids and surroundings) as they arise and without a coherent policy. This type of intervention has meant the spending of a great deal of money, without necessarily giving a satisfactory response to all the various needs. Some students receive educational support and equipment, albeit precariously, while others do not at all.

In the absence of any clear and public policy on the subject many students simply give up the idea of going to CEGEP or university thinking they would never be welcome there. In this instance, access to high quality instruction depends largely on the willingness of each professor to adapt his teaching and evaluation methods in order to ease the burden of the handicapped student. A number of students are quite simply refused because of their impairments or functional limitations on the presumption that they will be unable to complete the programme or hold a paying job related to their training later on. These same prejudices can also hinder the studies of those who have been allowed to enroll.

CEGEP Studies

Even during the construction of new CEGEP'S, it often requires a lot of pressuring to be sure they are accessible and properly adapted. On the other hand, the CEGEP Education Administration makes use of an administrative policy governing the admission and teaching support of sensory handicapped students. While its title leads one to believe that it includes all hearing or seeing impairments, to date the measures have been directed only to those with severe hearing impairments who use sign language. By grouping these students in two Québec CEGEPS, this policy is aimed at providing all the support necessary to the pursuit of their studies.

The Department believes it should limit the free access of these students in order to give them the best chance to succeed, rather than offering them an unlimited choice without guaranteeing them the necessary support. Therefore, they must attend Vieux-Montréal or Ste-Foy CEGEP; they must choose their programmes and even their courses from among those specifically offered to them or else become ineligible for the support they need.

Finally, the CEGEP Education Administration has joined a working group set up by the Federation of CEGEPS to define the situation within the CEGEP network and make recommendation's concerning the admission and teaching support of handicapped students.

University studies

The University Committee on Services for the Handicapped and Building Accessibility has given a series of recommendations to the Conference of University Rectors and Principals of Québec. The intervention of the University Education and Research Administration of the ministère de l'Éducation has been limited to financing a study project at Laval University en titled *New Types of In-House Services for the Handicapped*.

The Department has committed itself to investing monies to achieve architectural accessibility to universities in 1987, 1988 and 1989. Despite the efforts made to date, there remain many achitectural barriers which limit the access of the handicapped to university studies, and equipment for use by the student body is seldom adapted.

Financial assistance

The Student's aid Service administers a special programme of bursaries for handicapped students. Students who could not pursue their studies without this assistance and consideration for their limitations are eligible for it. Financial assistance, in the form of bursaries only, may cover school-related costs, special transportation expenses, living expenses and, in some cases, the cost of certain electronic devices. The list of admissible devices is limited, which means that students requiring specific aids to pursue their studies may not be able to obtain them because they are not on the list.

Continuing education

In principle, the handicapped have the same educational needs, as adults, as everyone else: completing previous training, reorienting their careers, or taking interest courses to broaden their personal knowledge. However, the majority of today's adult handicapped were, in the past, left out of the school system. The ministère de l'Éducation should assume its responsibility to them and make massive investments to correct the situation even a little and offer them at least a minimum of the tools needed to function independently in society. No comprehensive action has been taken to eliminate illiteracy among those persons who have not had access to any service. No programme has been established for the handicapped twenty-one and older who would like to finish the primary and secondary studies they could not take advantage of previously. The few programmes put forward until now, the small amounts invested by the Department, are tiny in relation to what Québec society owes to the citizens it has kept on the sidelines in the past.

The Department has limited itself up to now to supporting a few pilot projects which respond only in part to the educational needs of the handicapped adult and for which financing remains unsteady. The budgets alloted for general education programmes, community animation and public education are entirely insufficient in comparison to the needs. The Handicapped Resource Centre of the Catholic School Commission of Montréal accepts only the physically handicapped and their presence is constantly thrown into question. The absence of adequate services in the school commissions obliges the rehabilitation centres to take charge of basic education for individuals who have had none in the past. They have neither the authority nor the resources to do so.

The Commission to Study Adult Education, which turned in its report in 1982, perceives serious gaps. From its analysis of the situation, it concludes:

> "...several factors come together to hinder the educational opportunities of the handicapped: rigidity of academic programmes, inaccessible premises, discriminatory practices, lack of adequate teaching materials, impersonal teaching methods, lack of awareness and qualification on the part of resource-

> persons... Add to these factors an unenviable economic state... The problem for the handicapped is not primarily one of education, but one of rejection and discrimination. It is time that society recognizes its responsibilities and undertakes to correct these blatant inequalities".(5)

To correct the situation, the Commission recommends greater access for the handicapped to continuing education through architectural changes, availability and adaptation of equipment, correspondence courses, elimination of obstacles such as loss of allowance, admission delays, etc., increased awareness of educators and involvement of volunteer organizations. These recommendations join in the spirit of ON EQUAL TERMS and it is very important that they be acted upon.

Vocational training

Vocational training for the handicapped occupies a special place. Indeed, as the ministère de l'Éducation has demonstrated in *Vocational Training for the Young — Proposals for Beginning and Renewing,* aspects of vocational training can be found at university, CEGEP, and secondary levels, and aspects which influence it at the primary level. Vocational training can also be done either through continuing education or in the work-place. There is, however, no single principal actor but a cast of players: the ministère de l'Éducation and the ministère de la Main-d'oeuvre et de la Sécurité du revenu, the federal government, the CEGEPs, the universities, employers, professional associations, etc.

Good vocational training depends to a great extent on the access of the handicapped to educational services. Since quite a number of them have not been able to take advantage of a basic education to develop their potential to the fullest, they have not been able to obtain adequate vocational training. Furthermore, however, it must be remarked that is the most neglected aspect of the efforts made so far to give the handicapped access to education.

The handicapped have long been considered necessarily unproductive and little care was taken to prepare them for the job market. For some, vocational training was deleted to make their course loads lighter. For others, basic education was eliminated in favour of practical courses, which did not truly prepare them for work in the job market.

The handicapped who succeed in enrolling in regular programmes have to take courses which are adapted as little to their teaching or equipment needs as the study plan. They run into difficulties in satisfying the academic requirements for entrance into vocational training courses (career training), or CEGEP or university programmes. Thus they are automatically forced onto the exit ramps which are the practical secondary programmes, "job training". In these programmes, attention to educational content is cursory. The students who follow them receive no official certificate from the Department, or get certificates which are worthless on the job market."

The case of the intellectually impaired is particularly demonstrative of this aspect. There is not one programme which has been adapted to allow them to develop their practical abilities and their potential for integration into the work-force.

Up to date, few new solutions have been found to adapt educational and vocational orientation services to the specific needs of the handicapped. They are often oriented towards stereotyped jobs, because of their impairment and not in regard of their real abilities.

Moreover, some of the handicapped have never had the opportunity to acquire and develop work habits. Things as simple as handling change, or understanding the demands of holding a job, can make the difference between success and failure in attempting to enter the labour force. For non-handicapped children, no special measures designed for acquiring these habits are provided in the school system, although they all, at some time or another and by means of different experiences, have occasion to learn them. But for many of the handicapped, such is not the case.

As far as on-the-job training is concerned, the handicapped encounter obstacles which are not unique to them, such as:

- categoric refusal to take on job-trainees in certain industries which are governed by decree;
- acceptance of trainees as observers by the company, with a refusal of practical training;
- time limits;
- refusal to take on job-trainees in several government institutions.(6)

As well, however, the handicapped encounter hurdles arising from prejudices toward their situation, from inaccessible premises and from job-places which are not adapted to them.

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(5) Commission d'étude sur la formation des adultes, *Rapport*, 1982, p. 145.

(6) Association québécoise des enseignants responsables de stages, *Stages d'étudiants en difficultés d'adaptation et d'apprentissage dans l'industrie*, report submitted to the ministère du Travail, de la Main-d'oeuvre et de la Sécurité du revenu, 1982.

THE COMMITMENTS OF THE SOCIO-ECONOMIC CONFERENCE

THE MINISTÈRE DE L'ÉDUCATION:

- to revise the law if necessary to clarify the responsibilities of the school commissions;
- to create a mechanism for appeal, within the context of educational re-organization;
- to create a formal means of discussion with the ministère des Affaires sociales, in which promotional organizations and network representatives could take part;
- to revise the Guide for ensuring the education of children in Social affairs authorities;
- to publish an official organization guide giving service models "in the coming months";
- to render the educational institution network accessible by means of government grants over several years, of about fifty million dollars for eliminating architectural barriers in government buildings;
- to continue to allot budgets for the elimination of architectural barriers in CEGEPs and universities over the next few years;
- to identify needs and analyse the situation with the school commissions regarding the services of teacher / interpreters for hearing impaired students;
- to study the question of educating severely mentally retarded children;
- to continue the gradual implementation of educational services for children four years of age suffering severe functional limitations and accelerate it "according to our means";
- to train teachers and increase their awareness with regard to the handicapped;
- to provide information to the associations for the handicapped as well as their parents about financial assistance to students;
- to include into its vocational training policy aspects, which will meet the needs of students experiencing difficulty adapting or learning.

THE FÉDÉRATION DES COMMISSIONS SCOLAIRES CATHOLIQUES DU QUÉBEC:

- to take steps to place all children in regular classes and honour the obligation to justify the removal of a child if some serious reason makes it impossible to keep him there;
- to involve the parents in applying and working out treatment programmes.

THE MINISTÈRE DU TRAVAIL, DE LA MAIN-D'OEUVRE ET DE LA SÉCURITÉ DU REVENU:

- to define the exact duration of vocational training for the handicapped and, along with this, promote the securing of individual position in institutions;
- to reserve a number of places specifically for the handicapped within the framework of the Canada Manpower job-training and industrial programmes.

Regarding vocational training in the workplace, the handicapped, among other groups, are part of the disadvantaged clienteles which are the object of eight specific federal and provincial programmes allowing them to acquire training and move into the work-force. These programmes meet certain needs, but they have been conceived rather more to satisfy political imperatives than to provide permanent solutions for the needs of all of the handicapped. They ensure, and only in a very small part, the development of the handicapped; they are subject to all other political priorities and to frequent budget cuts.

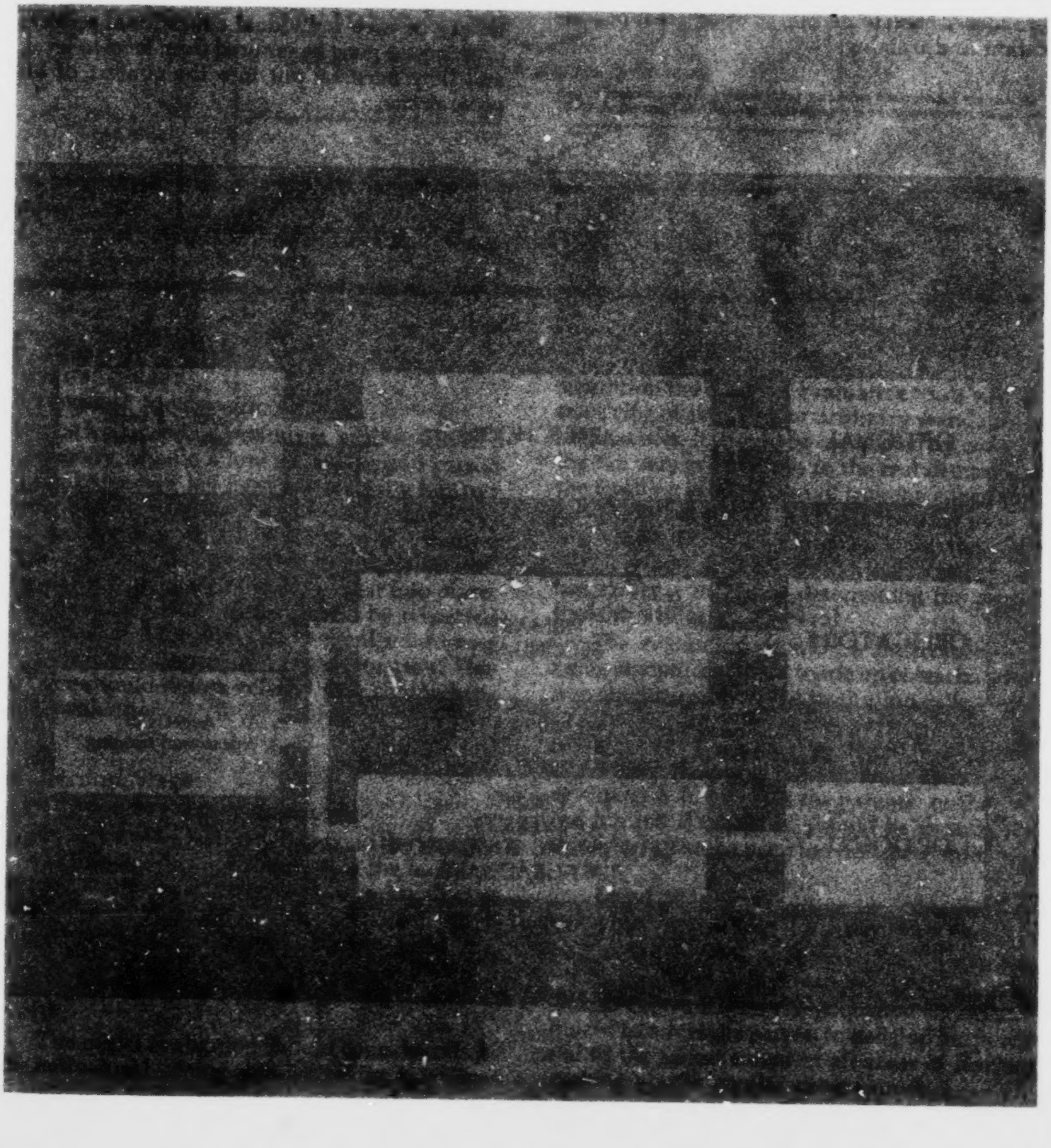
In May 1982, the Department published the report *Vocational Training of the Young — Proposals for Beginning and Renewing*. In it is explicitly recognized the necessity that "the school pursue for these individuals (the handicapped) the same ends as for all citizens",(7) which means the acquisition of a solid basic education, a good preparation for an active life, and an appropriate vocational training. The diagnosis made by the Department in speaking about "eliminating unfair teaching and organizational measures" appears adequate but the importance it is given and the corrective steps proposed show, despite this beginning, that the time for statements has scarcely ended and the solutions put forward have hardly been made more far-reaching.

It seems entirely fair to state that "the school has a responsibility of the highest importance

(7) *La formation professionnelle des jeunes*, p. 59

toward students with difficulties and handicapped students", and again to make this one of the most important goals at all levels of education and not only at the secondary level. All in all, the policy for vocational training for the young must be made clearer and the stakes raised for vocational training for handicapped youth, in the spirit of the objectifes of ON EQUAL TERMS.

The objectives



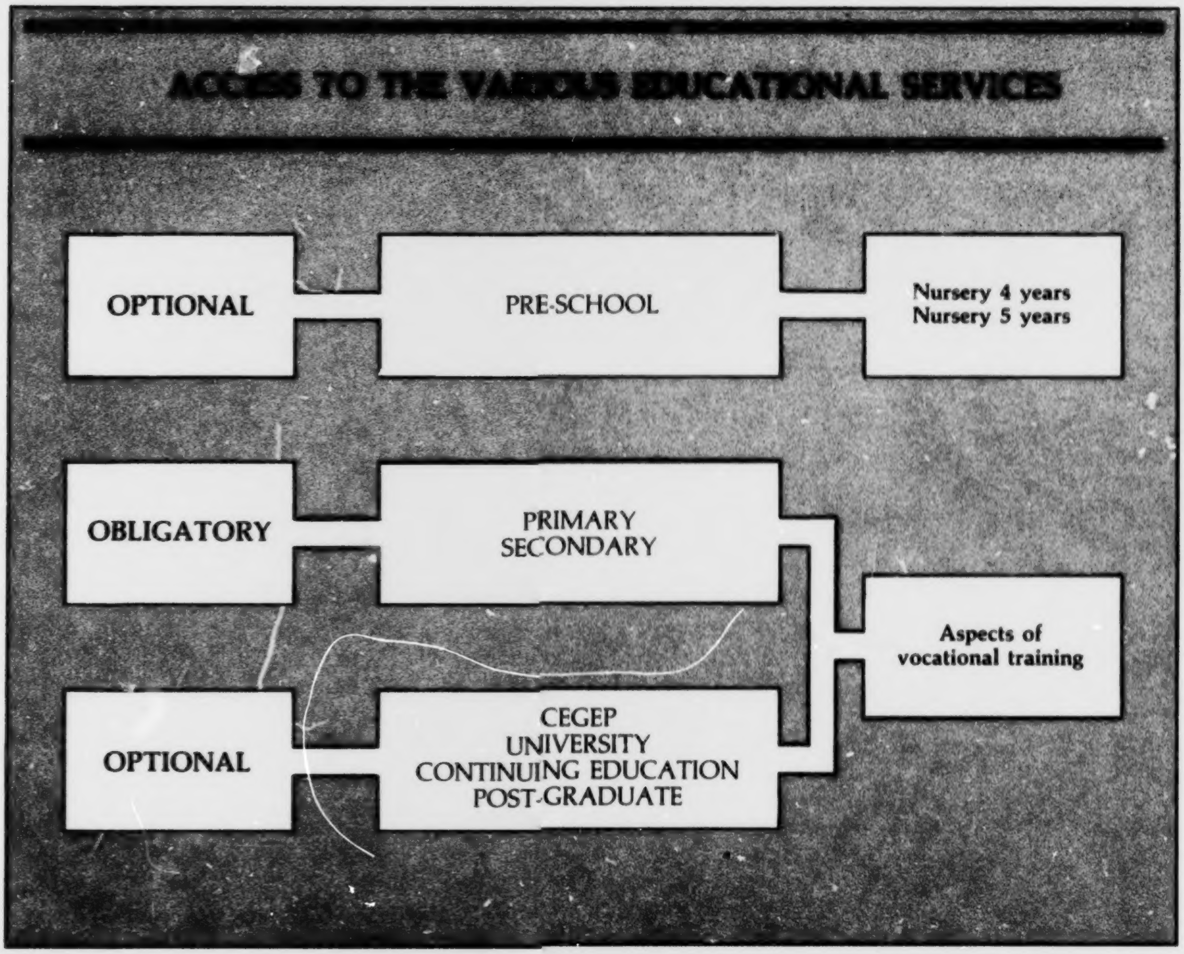
As stated in law and in the policy of the ministère de l'Éducation:

> "Every child has the right to a system of education which promotes the full development of his personality..."(8)

The following goals would apply to the handicapped a policy which has already been accepted for the whole population. In spirit, they are the same as those of the school adaptation policy, but it is important to distinguish the goals pertaining to the handicapped children from the general ones for all children with adjustment and learning difficulties. Finally, they are put into a broader context to pertain to other areas of education and training.

1. Generalized use of an educational services programme at each teaching level according to the needs of each handicapped person

For each handicapped person who has specific requirements from educational services, a personalized educational services programme should be worked out covering all the steps to be taken to ensure personal development and attainment of the objectives at the educational level concerned. It should be redefined as needed as the person proceeds to each teaching level in order to take personal progress into account. The continuity of each individual educational services programme must be ensured from level to level, and they must be put into the context of his programme.


ACCESS TO THE VARIOUS EDUCATIONAL SERVICES
OPTIONAL
PRE-SCHOOL
Nursery 4 years
Nursery 5 years
OBLIGATORY
PRIMARY
SECONDARY
Aspects of
vocational training
OPTIONAL
CEGEP
UNIVERSITY
CONTINUING EDUCATION
POST-GRADUATE

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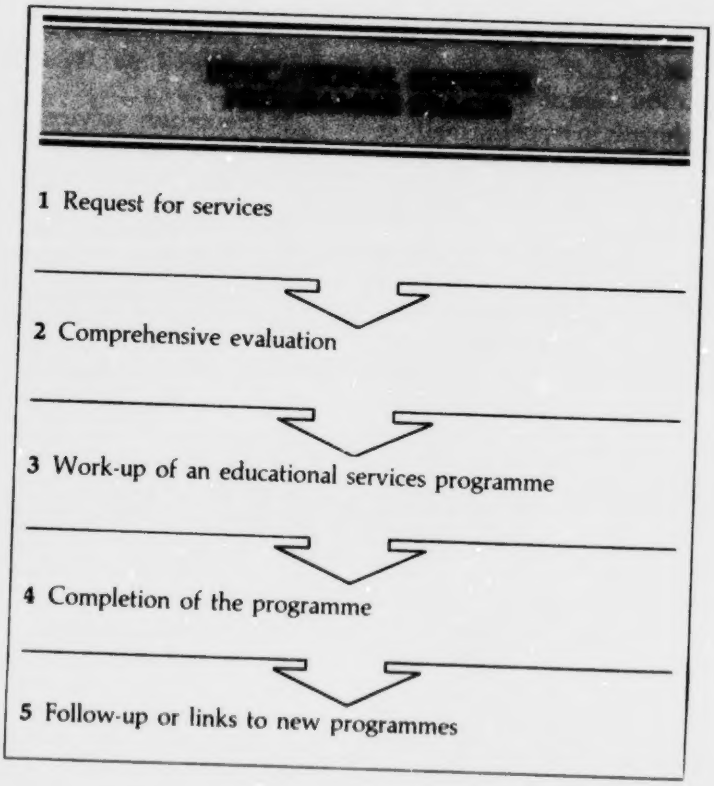
(8) *Loi sur l'instruction publique*, préambule; *L'École québécoise, une école communautaire et responsable*, ministère de l'Éducation, 1978.


1 Request for services
2 Comprehensive evaluation
3 Work-up of an educational services programme
4 Completion of the programme
5 Follow-up or links to new programmes

First Stage:
request for specific services

Each educational institution, school, CEGEP, university, should allow a handicapped person to make known his need for special educative services. The process should be made very clear so each person can easily identify his case and respond correctly to obtain the proper service. In choosing this service and setting it into place, the person's independence should be respected and, later on, his wish not to divulge information which is not pertinent to the situation. This service should ensure referral to a comprehensive evaluation.

Second Stage:
comprehensive evaluation

What must be evaluated, beyond the impairments of a handicapped person, is the learning potential which can be developed, with all due respect for differences; which means accepting that a person's potential may differ due to an impairment and show itself through unusual working methods, while still recognizing his true worth.

The initial evaluation should consider all of the individual learning abilities, taking into consideration the limits of evaluative tools and the relativity of referring to arbitrary standards of comparison. It should be completed by comparing the person's abilities to the real demands of the teaching level or area of training concerned. It is extremely important that this evaluation be on-going and that it not become a ball-and-chain which would limit the individual development but rather a means of determining the proper tools to put at his disposal.

The evaluation should be undertaken by a multi-disciplinary team, made up of teaching and non-teaching staff of the institution called on to supply the educational, support and personal services to the person in question. Adaptation or rehabilitation specialists should be included as required. In all cases the parents, or the person himself if an adult, should be included. It should be up to the team to select a co-ordinator.

Third Stage:
work-up of an educational services programme

Having completed the evaluation, the team should determine all the educative services required to allow the person to develop his potential to the fullest extent in all areas of learning making up the regular programmes.

With regard to the goals established, the programme should specify:

- the level of integration desirable;
- the necessary adjustments in teaching method and learning speed;
- the support services and personnel required;
- the necessary special equipment;
- the financial resources required for lodging and transportation if applicable.

In the case of vocational training, the programme may include need for a training position on the job or an adapted work station. For young adults 18 to 21 years of age, and more especially for intellectually impaired persons, it should outline the type of training which will ensure the individual the greatest independence in active life.

Fourth Stage: completion of the programme

The programme has been completed. It may be interrupted and begun new, re-evalued or entirely re-worked in order to adjust to changes in the individual. The co-ordinator selected by the team should be responsible for applying the programme.

Fifth Stage: follow-up or links to new programme

When the person resumes his studies at a higher level, the co-ordinator or some member of the team should see that the new programme in the teaching institution he has chosen takes his previous accomplishments into account. When the level of independence renders a new programme unnecessary for advanced studies, the co-ordinator or some other member of the team should make sure of a follow-up by the appropriate personnel at the teaching institution to be attended by a handicapped person.

2. According special learning speeds to handicapped persons needing them

Considering their functional limitations, some of the handicapped may simply not be able to follow their programmes at the same rate as other students. Therefore, their learning speed should be respected so they may develop their potential to the fullest. A course or a programme can be spread out over a school year or over a longer period. Programme time limits and sessional or yearly course loads must be modified. The duration of studies for a handicapped person may be longer and if necessary, run beyond 21 years.

3. Free choice and independence of the handicapped as regards their vocational training

Orientation services offered to the handicapped should also be marked by recognition of potential with all due respect for difference; an approach focusses on the person and not on the impairment. They should presuppose a good understanding of the functional capacities of the handicapped on the part of the counselling personnel and also basic concepts of ergonomics. As first contact in the choice of a career and the course of study leading to it, the counsellor should help each person to make a decision based on his interests and aptitudes. Once the person has been informed of all aspects of the situation, his choice of profession and services necessary to arrive at it must be respected.

4. Availability of technical learning aids to the handicapped

Depending on their functional limitations, the handicapped can have need of specialized equipment to be able to develop regular learning skills such as reading, writing or other skills more specific to the education chosen, as in the case of vocational training, for example. Insofar as possible, these technical aids should be made available depending on the person's needs at school, CEGEP, university, place of training, or at home.

5. Non-discriminatory access for the handicapped to educational services

In the same way as everyone else, the handicapped must have access to the existing educational resources set up or subsidized by the government, and should be subject to the same entrance conditions whether the teaching institution be public or private. However, the school commissions, CEGEPs or universities should be held accountable for their refusal to admit a handicapped person.

6. Adjustment of programmes and teaching methods, and the location and elimination of situations causing handicap in the school environment

In its policy statement regarding vocational training for young people, the ministère de l'Éducation says that "furthermore all the institutional arrangements which can be foreseen point to the unavoidable necessity for renewing the quality and variety of teaching practices, as a result of which more young people should be able to benefit from their stay in school".(9) Because of their functional limitations, the handicapped may experience great difficulty in acquiring the knowledge teachers wish to pass on to them. For example, a sensory impairment may limit understanding of various analogies or references used by the teacher.

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(9) *La formation professionnelle des jeunes*, p. 30

Thus it becomes very important for the school counsellor to locate and eliminate as much as possible the aspects in his attitude, practices and simply in all school experiences which can create a handicap for students. Likewise, certain secondary objectives or learning skills within programmes which are not essential to the basic course objectives should be able to be eliminated if they create obstacles for the handicapped because of functional limitations. In such cases, these aspects may be adapted or replaced by equivalent aims appropriate to the person.

7. Access to financial support programmes for the handicapped

Like all students, the handicapped should be able to benefit from financial assistance programmes to cover costs incurred in pursuing their studies. The general financial assistance programmes should, therefore, be available to them as far as their needs correspond to those of the whole student population. The loan and bursary allocation criteria ought to be the same. However, some of the handicapped can have need of lodging, transportation, teaching equipment or technical aids in order to fulfil their programmes, and should have access to a financial assistance plan which takes these special considerations into account.

8. Recognition of accomplishments and access to accepted degrees for the handicapped

When a functional limitation makes it impossible for a person to fulfil all the requirements for a degree, it is important that his completed requirements be formally recognized. For example, a visually impaired person may encounter a great deal of difficulty passing a course in spatial geometry, but be successful in all other courses at the secondary V level and afterwards take CEGEP and university courses which correspond to his aptitudes. So, it ought to be recognized that he has mastered all the requirements for the secondary level exactly as the other students, with the exception of geometry. In this way, accomplishments could be recognized rather than a second-rate degree granted or some sort of worthless certificate.

9. Adapting programme admission requirements to the functional limitations of the handicapped

In the same way as programmes should be adapted to take the special needs of the handicapped into consideration, unfair criteria should be eliminated from admission requirements. Assessment of a request for admission should take into account the functional limitations which may have made it impossible for a person to complete a requirement normally considered a pre-requisite to the course of study but which is in fact secondary to it.

10. Training teaching and other school personnel to allow them to offer quality services to the handicapped

The foregoing objectives could never be achieved without the proper training of all personnel involved. Teachers, non-teaching professionals and administrators should be so trained that their actions truly revolve around the greatest development of each handicapped person's potential regardless of his impairment or functional limitation. Beyond striving simply to alter their outlook, each person involved should be given the teaching and organizational tools necessary to attain the objectives as stated.

11. Informing other children and their parents about the situation of the handicapped

Acceptance of the handicapped in the school environment depends largely on their acceptance by the other people who go there. Therefore, it becomes essential to inform them, as well as their parents if children are involved, as to the situation of the handicapped and their desire to live independently.

12. Organizing services within each school commission to permit, as far as possible, keeping the handicapped in their home environment

The policy of school adaptation has already stated the importance of integrating the child to the fullest extent within the most normal framework possible. The terrible influences uprooting and separation from family can have on the child cannot be stressed sufficiently. For this reason the goal must be for the child to receive an education at the same school attended by his brother, sisters, or his friends or at least at a school in the same area. So, it becomes the task of each school commission to foresee organizing its resources in such a way as to fulfil the programmes of the children in its district.

The need for specialized services can justify organizing resources on a regional or supra-regional basis. Even if the principle of remaining within the environment cannot be applied completely, solutions should be sought which come as close as possible to it.

In the case of post-secondary education and vocational training, many handicapped students must move to another region to take the options they have chosen. In organizing resources for the handicapped, it must be assured as much as possible that they have the same choices as everyone else.

13. Maximum integration of special resources and services needed by the handicapped within regular services, programmes and courses

Having determined the importance of maintaining the student in his home environment, attemps should be made to give him the services he needs within the most normal context possible, and in so doing meet the objectives of the educational adaptation policy.

In order to do this, the handicapped must be integrated as much as possible into regular courses and programmes at the same time offering them the facilities to meet their special needs. If it should become necessary to give them courses outside the regular system, they should be offered under conditions which are as similar as possible to it, depending on their needs.

Also, the support services required by the handicapped should be given to them by the same resources offering similar services to all students. All school personnel should try to adopt their actions to the handicapped as far as possible rather than create parallel services or call other professionals.

14. The complementary nature of the education network and its co-ordination with other service networks

The success of this whole policy relies on effective communication among the various public sectors: social affairs for lodging, adaptation or rehabilitation programmes, and health and social services; transportation for modified school transportation; labour for vocational training; and education. It is essential that these networks interlock and co-operate fully with each other on the national, regional and local levels.

The national co-ordination should touch on:

- national planning, meaning periodic re-examining of policies regarding the handicapped, evaluation of results with a view to making necessary adjustments;
- working out the general organization and establishing models for general services;
- allocating monies to the regions for regional projets;
- showing the regional and local organizations strong leadership in pursuing the aims of the policy;
- organizing on a supra-regional basis services too highly specialized to be provided locally or regionally.

The regional co-ordination committees should:

- offer some specialized services in region;
- allocate monies to school authorities, in regard to the needs and intervention plans proposed by the local co-ordination, and according to regional priorities.

Local co-ordination appears to be the most crucial to attaining the goals with regard to handicapped children. It is divided into two levels:

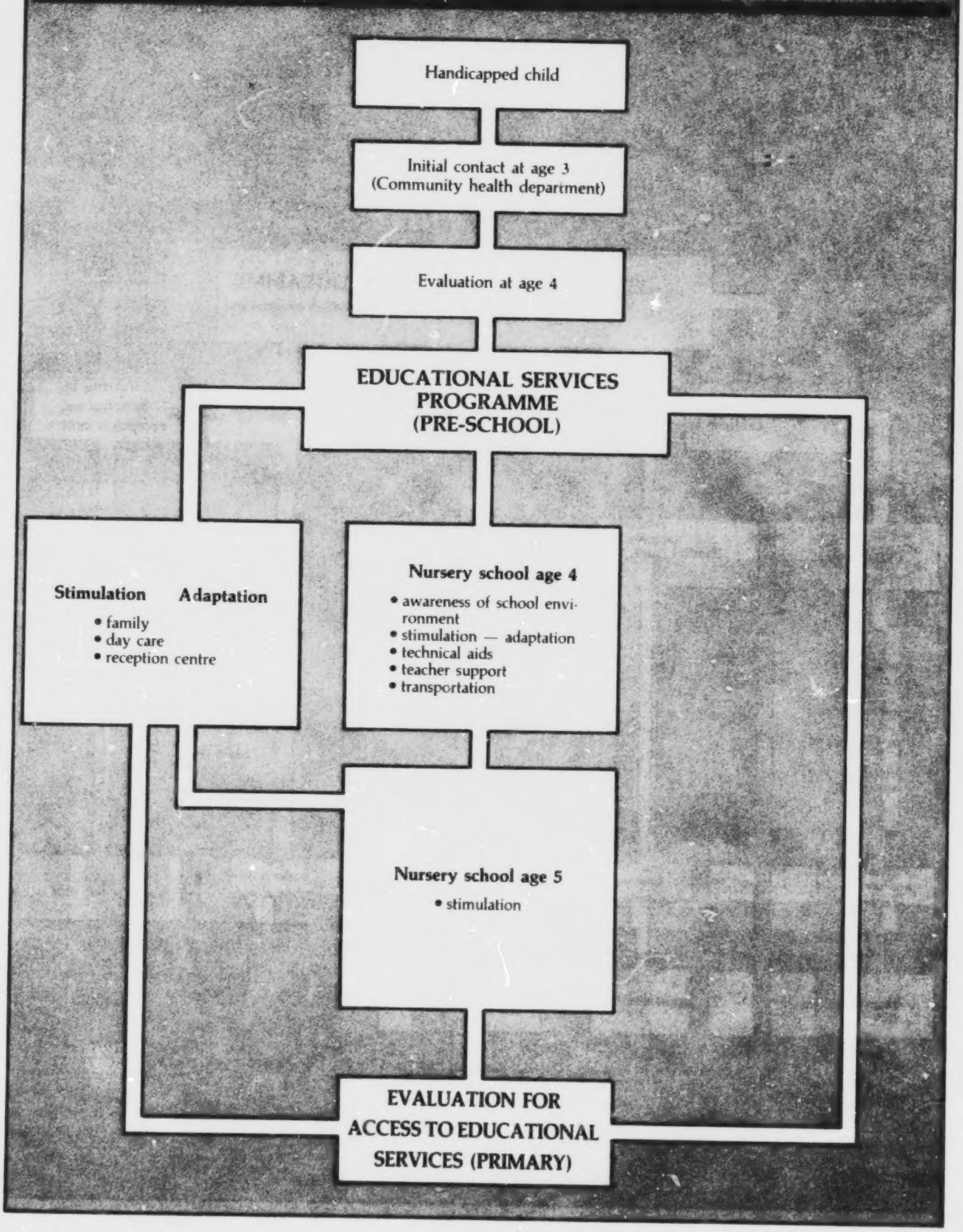
- the school commission, for co-ordinating the setting up and putting into action of service programmes in the facilities in its district upon analysis of needs;
- the individual facility offering services to handicapped children for working out each child's programme.

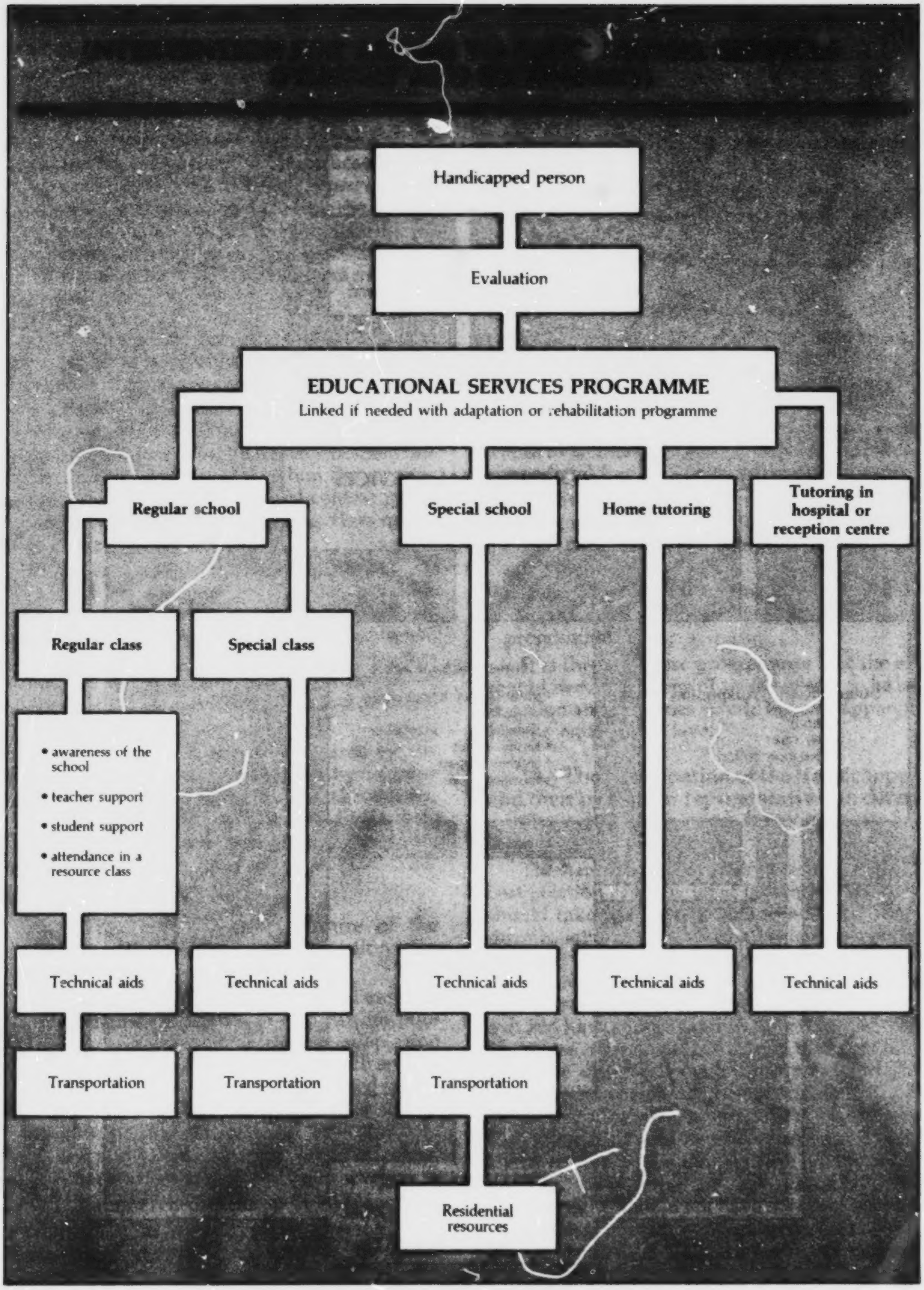
It is through these programmes that the extent of need, the scope of the resources to be set in action and priorities should become apparent for the entire local level.

15. The participation of the handicapped and their parents or representatives in determining what they need from educational services

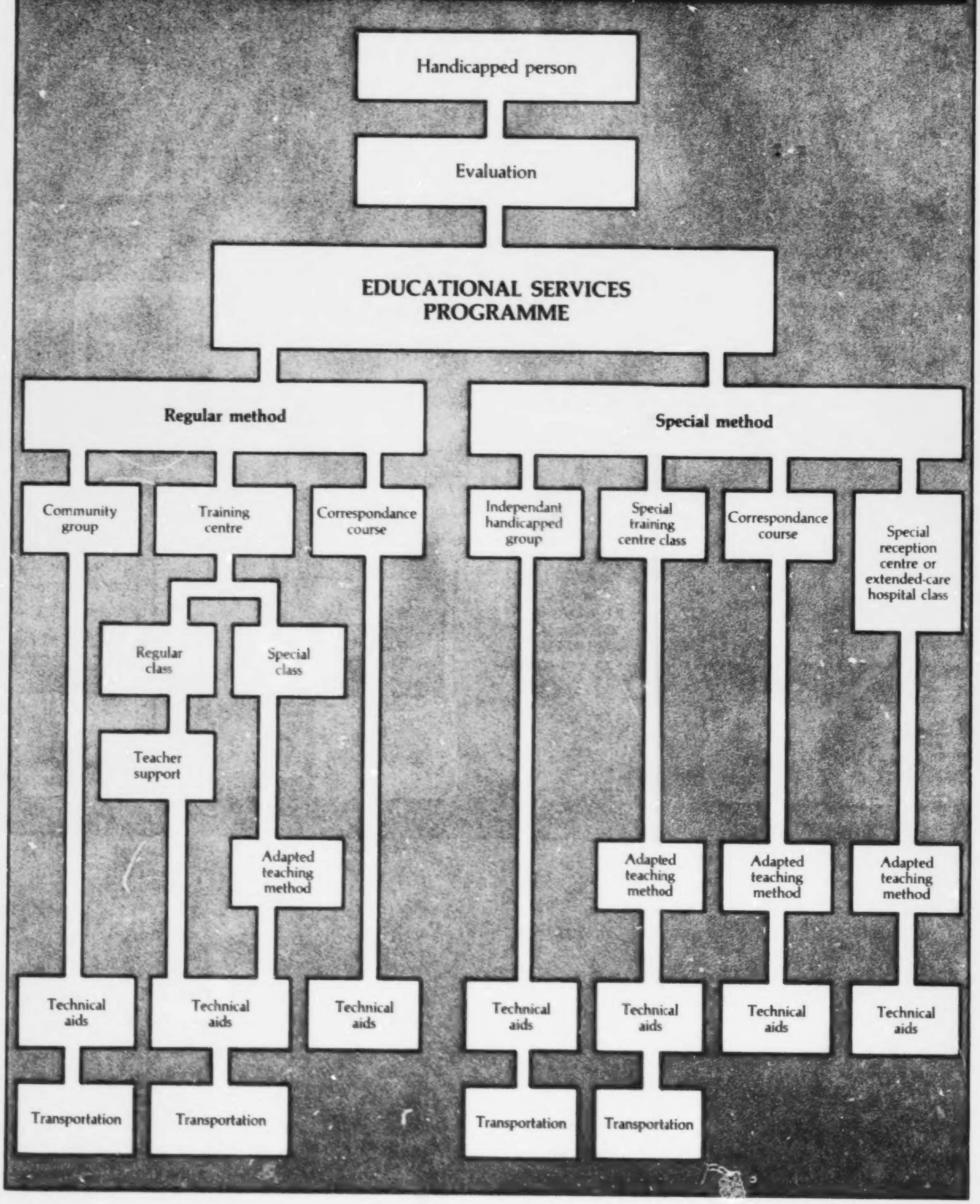
The handicapped or their parents are in the best position to know what they need. So, they should take part in decisions concerning them directly with regard to determining the educational services which will respond to their needs. Furthermore, they are part of the clientele of a school, school commision, CEGEP, university, etc. and have special needs within that clientele. Therefore, they should be able to take part fairly in the district to make their point of view known to the parent / teacher associations, school commissions, and the programme committees of CEGEPs and universities where they exist. Where the form of representation in these organizations permits, they should be represented directly. However, this should not have the effect of creating privileges for the handicapped which would not be granted to other students.

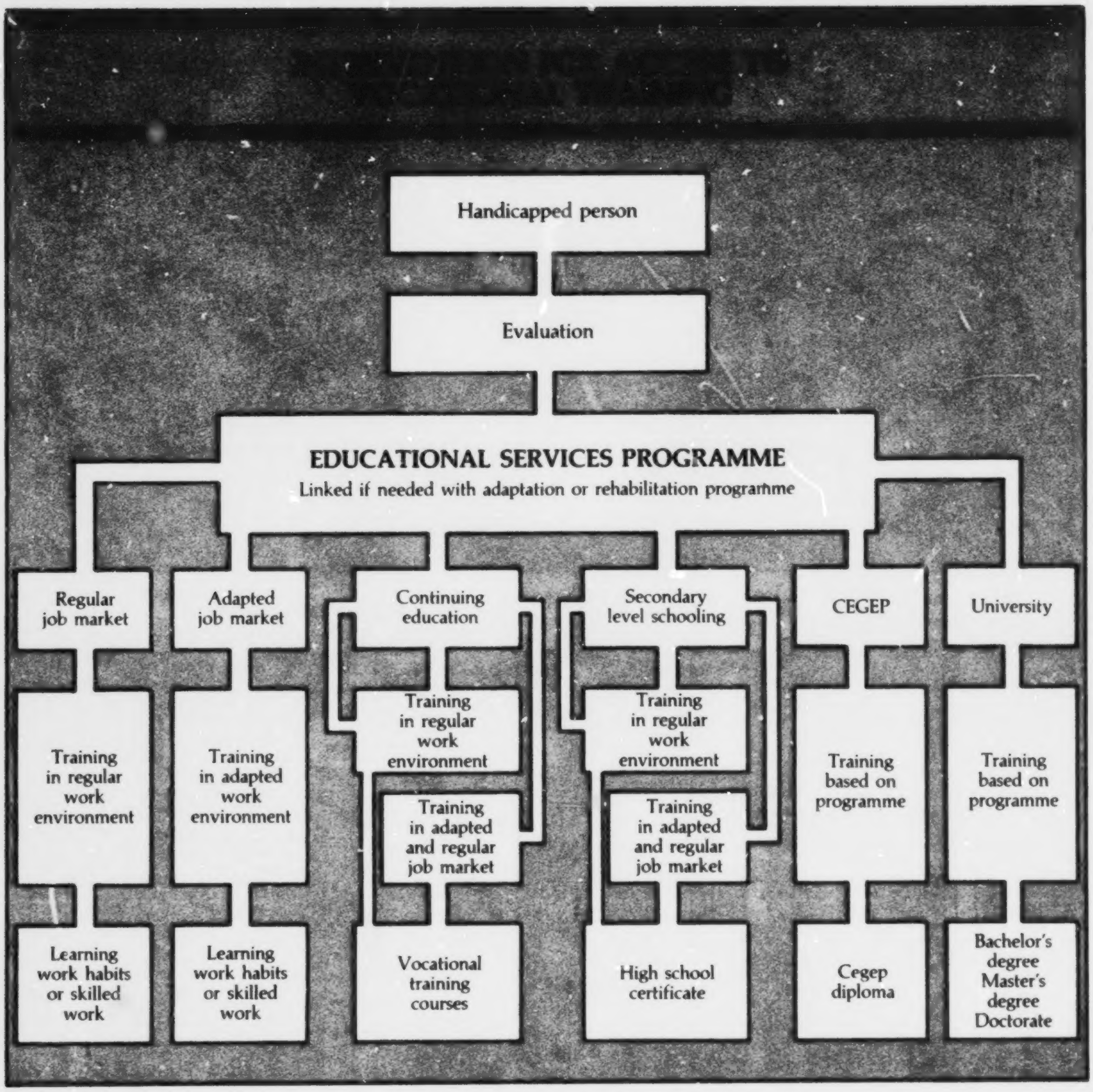
INTERVENTION FOR ACCESS TO EDUCATIONAL SERVICES (PRE-SCHOOL)


Handicapped child
Initial contact at age 3 (Community health department)
Evaluation at age 4
EDUCATIONAL SERVICES PROGRAMME (PRE-SCHOOL)
Stimulation Adaptation
• family
• day care
• reception centre
Nursery school age 4
• awareness of school environment
• stimulation — adaptation
• technical aids
• teacher support
• transportation
Nursery school age 5
• stimulation
EVALUATION FOR ACCESS TO EDUCATIONAL SERVICES (PRIMARY)

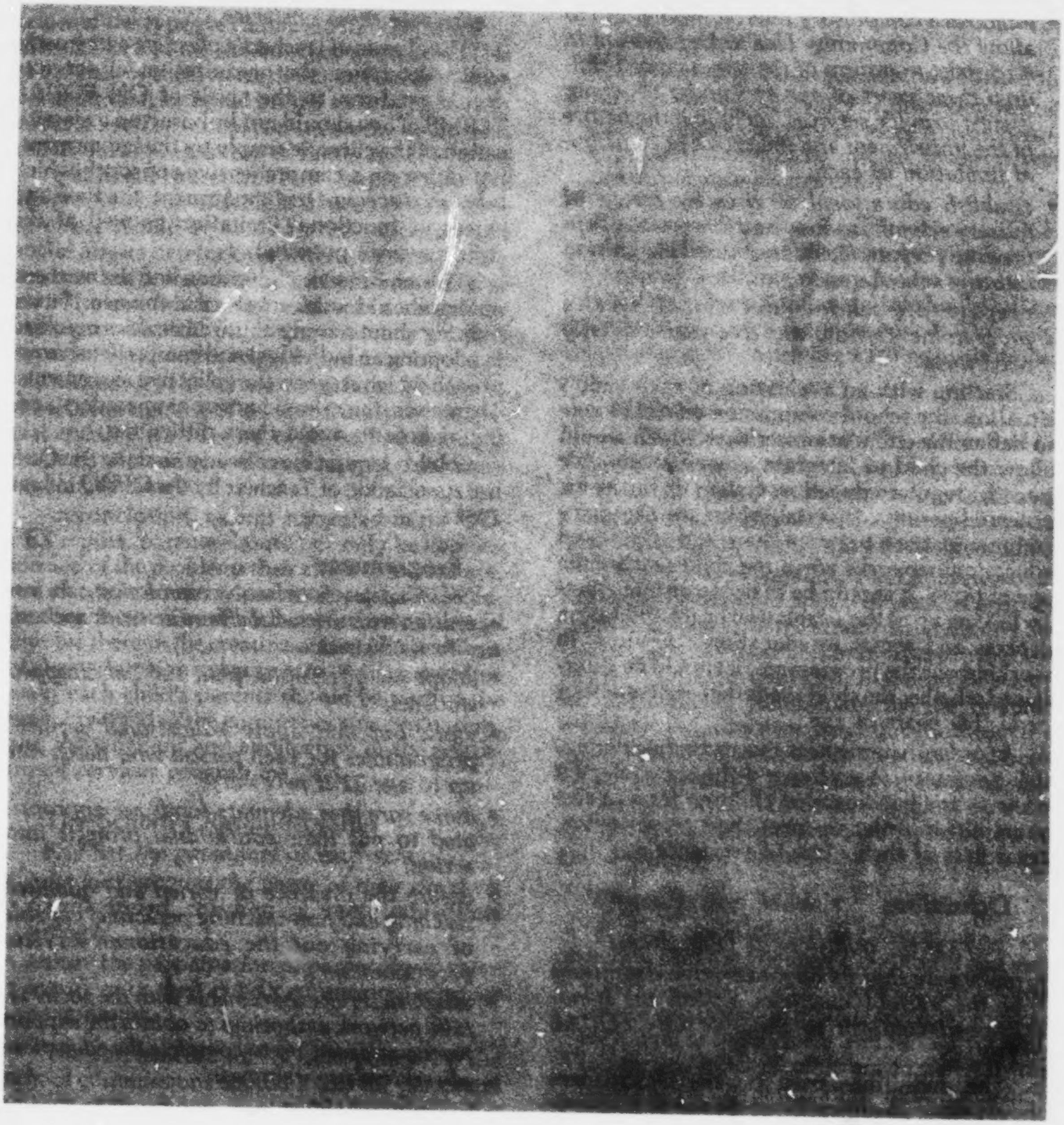

Handicapped person
Evaluation
EDUCATIONAL SERVICES PROGRAMME
Linked if needed with adaptation or rehabilitation programme
Regular school
Special school
Home tutoring
Tutoring in hospital or reception centre
Regular class
Special class
• awareness of the school
• teacher support
• student support
• attendance in a resource class
Technical aids
Technical aids
Technical aids
Technical aids
Technical aids
Transportation
Transportation
Transportation
Residential resources

INTERVENTION FOR ACCESS TO CONTINUING EDUCATION


Handicapped person
Evaluation
EDUCATIONAL SERVICES PROGRAMME
Regular method
Special method
Community group
Training centre
Correspondance course
Independant handicapped group
Special training centre class
Correspondance course
Special reception centre or extended-care hospital class
Regular class
Special class
Teacher support
Adapted teaching method
Adapted teaching method
Adapted teaching method
Adapted teaching method
Technical aids
Technical aids
Technical aids
Technical aids
Technical aids
Technical aids
Technical aids
Transportation
Transportation
Transportation
Transportation


Handicapped person
Evaluation
EDUCATIONAL SERVICES PROGRAMME
Linked if needed with adaptation or rehabilitation programme
Regular job market
Adapted job market
Continuing education
Secondary level schooling
CEGEP
University
Training in regular work environment
Training in adapted work environment
Training in regular work environment
Training in adapted and regular job market
Training in regular work environment
Training in adapted and regular job market
Training based on programme
Training based on programme
Learning work habits or skilled work
Learning work habits or skilled work
Vocational training courses
High school certificate
Cegep diploma
Bachelor's degree
Master's degree
Doctorate

Recommendations



Pre-school, primary and secondary

Early stimulation

1. *That the ministère des Affaires sociales:*

- *ensure that the Community Health Departments refer handicapped children to the school commissions, starting even before the age of three, in order to begin educational stimulation services and prepare for integration into regular schools.*

2. *That each school commission:*

- *establish a compulsory referral mechanism to allow the Community Health Department in its district to inform of the handicapped children three years of age and under to whom it must provide services, including the nature of the impairment and the extent of functional limitation of each;*
- *establish educational services by means of nursery schools for four-and five-year-olds in order to prepare them for optimal integration into the school system;*
- *prepare pre-school educational service programmes for four-and five-year-olds who need them.*

Starting with an evaluation of each child's situation, the school commission would be able to define the stimulation services which would allow the child to integrate as well as possible into the regular education system as far as his potential permits. By establishing the necessary communications between the social affairs and education networks when the child reaches the age of three, it should be easier to ensure a better linking up of the adaptation or rehabilitation process and access to educational services. In working out the programme, it should be determined whether the child needs the services at four or at five years of age.

In order to implement this recommendation, it is necessary to go beyond the stage of pilot projects for handicapped children four to five years old in order to meet their actual needs, regardless of their place of residence.

Definitions

3. *That the ministère de l'Éducation:*

- *make sure that its administrative definitions of the various clienteles among the handicapped conform to those of ON EQUAL TERMS.*

The definitions used by the Department should allow identification of the size of the handicapped clientele, the nature of their impairment be it single or multiple. The type and extent of functional limitation. This data should, however, be only a starting point for an approach based on meeting the individual needs of the children.

Collective agreements

4. *That the ministère de l'Éducation and the teachers' unions:*

- *identify the obstacles in reaching the objectives of ON EQUAL TERMS related to collective agreement clauses;*
- *negotiate, thereafter, new agreements to eliminate these obstacles.*

The clauses of teachers' collective agreements which determine the organization of services should conform to the spirit of ON EQUAL TERMS. They should not be based on a classification of the clientele simply by the impairment, but rather on a comprehensive approach which takes into account the impairment, the type and extent of functional limitation as well as the child's overall potential.

The ministère de l'Éducation and the teachers' unions should work together in the near future to bring about a study of the difficulties involved in adopting an individual and comprehensive approach which respects the collective agreements. Thereafter, they should arrive at an understanding of how to avoid these difficulties.

Such a request was already made to the Québec Association of Teachers by the OPHQ in June 1981.

Programmes

5. *That each school commission, in co-operation with the social affairs network authorities in its district:*

- *adopt an integration plan for handicapped students;*
- *work out and apply educational services programmes for each person who needs one up to age 21 if necessary;*
- *make sure that adequate funds are appropriated to put their educational projects into action;*
- *ensure the presence of varied and qualified teaching and non-teaching personnel capable of carrying out the educational services programmes;*
- *establish service agreements with the social affairs network authorities to obtain the support resources necessary to complete the educational services programmes;*

- *involve the parents of handicapped children in working out educational projects and carrying them to completion.*

Integration into the school system should rely on a true involvement of each school commission with handicapped children. To attain this, each commission should be obliged to work out and implement a special adaptation policy of its teaching system to meet the needs of the handicapped children in its district.

In order to do so, the commissions must have the help of their district's Community Health Department in determining the size of the clientele and the types of impairments and functional limitations of the children they must serve. This should allow them to work out an educative plan for their district based on the streaming system of services. The school commissions should then see to the appropriation of funds and the hiring of qualified personnel to implement the programmes for each child in need of one. Every effort should be made by the education and social affairs networks to increase considerably the number and availability of such professionals. The commissions should also arrange service agreements in order to obtain any support services they might require.

Moreover, efforts must also be made to promote better training of personnel and provide special training with regard to the added demands made by attendance of handicapped children in regular classes.

In conclusion, as was suggested in the COPEX report, parents should not only be kept informed of the problems their children experience, but also take an active part in any decisions concerning them. The school commissions should involve them in the creation and implementation of their education programmes. And in the same way, each child's parents should be part of the team involved in the comprehensive evaluation, and the work-up and application of the educational services programme.

The School's Responsibilities

6. *That the personnel of each school:*

- *take into account the needs of their district's handicapped children in their education project;*
- *ensure the participation of parents by involving them in their child's educational services programme.*

The implementation of this policy by the school commissions should make the personnel in each of its schools responsible for integrating handicapped children into regular classes. In the same way, special services should be divided up among the schools in each commission as each one provides some of them. Since it should be up to each school and its personnel to work out education programmes which include services for handicapped children, implement the programmes, and later evaluate them, it is essential that special education be an integral part of the role of a school, rather than an adjunct to it. Each school should also ensure the participation of the parents of the handicapped in exactly the same way as the school commissions.

Justification

7. *That each school commission and school:*

- *take on the responsibility of justifying why it cannot accept, or give services to, the handicapped children in its district whom it will not admit into its system.*

In corformity with a commitment of the Québec Federation of Catholic School Commissions, the tasks of justifying the exclusion of a handicapped child from regular classes should fall on the school or school being involved. This duty should also apply to private teaching institutions.

Appeals

8. *That the ministère de l'Éducation and its regional offices:*

- *create an appeal system at the national and school commission level to give recourse to children whose rights have been ignored.*

The parents of handicapped children would have some recourse to appeal in cases where they are not satisfied with the school commission's decision regarding their children. In order that the appeal system be unbiased, it should be set up for each school commission by the regional offices of the ministère de l'Éducation. Such a system should also be set up on a national basis for children needing specialized services supplied only at that level. The decisions taken by these systems should be final and binding on both parents and school commission.

Organization Models

9. *That the ministère de l'Éducation, in cooperation with the ministère des Affaires sociales:*

- *supply the school commissions and school with service organization models corresponding to each type of impairment and functional limitation, and the difficulties encountered by the handicapped in integrating into the school system.*

In order to lend the school commissions and schools support in implementing their respective duties, the ministère de l'Éducation and that of Affaires sociales should make available to them service organization models which deal with each type of impairment and functional limitation, and the difficulties encountered by children upon integration into the school system. These models should provide for taking the different levels of independence of each child into consideration. They should be used as guidelines which must be adjusted to suit the needs of each child rather than instant solutions which must simply be applied "as is".

Private schools

10. *That the ministère de l'Éducation:*

- *ensure that private teaching institutions shoulder the responsibilities they have with regard to the handicapped children who come to them by not discriminating against their admission and by offering them a high standard of education.*

By means of the certification and subsidy systems for private institutions, the ministère de l'Éducation should ensure that they do not discriminate against the handicapped. The handicapped should be able to attend the institution of their choice, whether it be public or private.

Support Services

11. *That the ministère de l'Éducation:*

- *ensure that the school commissions assume the costs of all services and equipment required by handicapped students to pursue their studies.*

The school commissions should supply handicapped students, as they do others, with the services and equipment necessary to pursue their studies. When the services or equipment are special and different from what is offered to the majority, provision should be made for the necessary resources in their budgets. The ministère de l'Éducation should see to it that the school commissions assume this responsibility so all handicapped children may have the educational resources they need at their disposal.

CEGEP and university

Programmes

12. *That the CEGEPS and universities:*

- *make educational services programmes available to handicapped students who need them.*

Once arrived at CEGEP or university, many handicapped students will have achieved independence and will no longer have need of special programmes. Others, however, will continue to have special needs which must be met. For these, programmes remain the best means for coordinating the response to their needs. CEGEPs and universities should foresee this possibility in their planning of services for the handicapped.

Bursaries

13. *That the ministère de l'Éducation:*

- *adjust its bursary programme for the handicapped to include amounts covering the elements specified in the CEGEP and university students' educational services programmes.*

The eligibility criteria for the handicapped students bursary programme should be laid down to correspond with the implementation of one's educational services programme. Admissible costs should be fixed in relation to foreseeable expenses the student will have to bear to complete his programme. Therefore, the Department should accept to pay for purshasing an apparatus required by the student providing that it was accounted for under his programme rather than that it appeared on a list of admissible aids.

For example, the visually impaired who go to CEGEP or university need aids not currently provided under the visual aids programme of the Régie de l'assurance maladie. This is the case, for example, in adapting computer terminals, data storage devices, or data processors for use in braille.

Equipment for common use

14. *That the CEGEPs and universities:*

- *adapt their equipment for use by the handicapped.*

To give an example, microfilm viewers should be adapted for the visually impaired, slides should be installed in lecture halls for the hearing impaired. The CEGEPs and universities should equip themselves with reference devices such as televiewers or tape recorders for reading taped books.

Sign language

15. *That the ministère de l'Éducation:*

- *offer the widest choice possible of CEGEP and university services to the severely hearing impaired who require the presence of a sign language interpreter.*

The case of the severely hearing impaired who use sign language creates a number of specific difficulties. The presence of interpreters and support professors in every CEGEP or university these people might attend at any time of their student life would require resources far too great even to consider either on a short term or long term basis. Therefore, there must be some compromise sought either in the gamut of courses or programmes, or in the extent of services offered.

In order to respect the person's independence, the Department should attempt to limit the choices as little as possible by offering every possible resource so the individual may make his own compromises. Thus, if the Department should decide to allocate the broadest services for students who have accepted to form groups and to make a compromise concerning the variety of course and program choices, it must also make certain resources available to other students who prefer to limit the number of services in order to retain a larger course selection. In any event, in order to limit the free choice of the hearing impaired less and less, the resources allocated to this end will have to be increased over the next few years.

Moreover, it is essential that the Department impose this type of restriction only where absolutely necessary. Presently,it is justifiable only for the severely hearing impaired who use an interpreter; they should not be extended to individuals who read lips or the visually impaired. The restrictions would cease to be necessary if technology were to produce a new device to replace interpreters. The development of theories and practices which, because of one special set of circumstances, would greatly limit access to CEGEPs and universities for all of the handicapped must be avoided at all costs.

Reception

16. *That the Québec CEGEPS and universities:*

- *identify and make known to their students the authorities responsible for receiving and supporting handicapped students who request their help.*

Implementing services for the handicapped in CEGEPs and universities presumes that they can make their needs known. Teaching institutions should identify clearly some authority to which the handicapped might turn. It is through this authority that programmes might be developed as needed.

Correspondence courses

17. *That the ministère de l'Éducation:*

- *include within its correspondence course programme CEGEP and university level courses for handicapped persons who cannot travel;*
- *adopt the broadcast and media systems it uses in order to reach all handicapped persons whatever their impairment or functional limitation;*
- *supply the necessary technical aids to the handicapped taking correspondence courses.*

For some of the handicapped who cannot travel, correspondence courses remain the best answer. So, it is important that the Department take their special needs into consideration in planning such courses. With an eye to this, it should adapt present means so the courses are available to the handicapped. For example, televised courses should be captioned and available in alternate forms. Also, the handicapped should have access to devices enabling them to follow the courses, such as decoders.

Continuing education

Access to services

18. *That the ministère de l'Éducation and the school commissions:*

- *eliminate all obstacles to access to continuing education for the handicapped;*
- *establish as a high priority the development of a continuing education programme so that the handicapped who have not had sufficient access in the past to educational services may acquire a basic education;*
- *appeal to community groups and experimental projects in order to contact those handicapped persons who are outside the usual communications networks because of their marginal position in society.*

At the outset, the handicaped should have access to continuing education like their fellow-citizens.

The Department and the school commissions should, therefore, eliminate all obstacles arising from their functional limitations and offer them services which will meet their needs.

The variety of needs presupposes implementing a variety of resources. Whether or not these needs are special or identical to those of the whole population, it should be arranged that the handicapped receive their education in the most normal context possible. Taken from the streaming system, the Department policy on the handicapped should provide a whole gamut of resources so everyone might find satisfaction of their needs. These resources should continue the primary and secondary level course already completed, with the greatest integration possible of the individual into the continuing education services of his community.

Furthermore, however, by means of continuing education, Québec society should aim to rectify the serious injustices arising from exclusion from the school system. The Department should work on behalf of those adults who are left out of any sharing in their community as a result of their lack of education. Adequate means must be found to contact these people who cannot be reached through conventional channels and set up immediately programmes and courses corresponding to their needs. In order to do this, the Department could appeal to community organizations.

Programmes

19. *That each school commission, in cooperation with the social affairs network authorities in its district:*

- *make educational services programmes for access to education available to adults who need them.*

Response to the educational needs of the handicapped should be made through the development of individualized continuing education programmes for each of them. Taking the needs and various levels of independence into consideration, the school commissions should establish diverse services.

Reception

20. *That each school commission:*

- *design a service for receiving the handicapped and orienting them in continuing education services.*

Just like other levels of education, services should adopt an approach based on the needs of the individuals. With a view to this, the first stage should be reception and orientation of the handicapped. Those responsible for services for the handicapped should well understand the possibilities for adapting programmes and teaching methods to account for different types of functional limitations. They should be able to help the handicapped select courses or activities which correspond to their desires considering their potential. They should be in constant contact with community groups. Programmes for continuing education could be developed by means of this resource.

Participation

21. *That the ministère de l'Éducation and the school commissions:*

- *promote the participation of the handicapped in decisions concerning continuing education.*

The handicapped must be adequately represented in order to make their particular needs known. As one of the continuing education's special clienteles, they must be involved in determining needs and co-ordinating the application of the appropriate solutions like other groups.

Vocational training

Considering their impairments, functional limitations, and degree of independence as well as their age and place in the labour force, the handicapped may need various resources for vocational training or improvement of their skills. Adaptation or rehabilitation personnel, orientation councellors, training personnel, employers and adapted work centre personnel may all be involved in an individual's vocational training process. Meeting each individual's needs presumes the availability of a variety of more or less specialized resources.

Training

22. *That the ministère de l'Éducation, the ministère du Travail, the ministère de la Main-d'oeuvre et de la Sécurité du revenu, and employers:*

- *agree to ensure job training positions in regular enterprises for the handicapped as needed;*
- *agree to ensure job training positions in adapted enterprises for the handicapped.*

In conformance with their programmes, some of the handicapped must be able to receive job training in regular or adapted environment. This could be brought about without special programmes either by supplying them with the necessary technical aids or by modifying the job post. The ministères de l'Éducation and du Travail agree to furnish both students and employers with the resources necessary to training.

Co-ordination

23. *That the ministère de l'Éducation:*

- *become the leader in the area of vocational training for the handicapped;*

- *co-ordinate its development and access to it with the help of the regional offices, the ministère des Affaires sociales, the ministère du Travail, the ministère de la Main-d'oeuvre et de la Sécurité du revenu, employers' associations, unions, professional associations and the promotional organizations.*

The multiplicity of authorities makes it necessary to adopt a common guideline and a coordinated procedure. Considering its jurisdiction and the expertise it has gained with regard to access to educational services for the handicapped, the Department must assume leadership in this area, while respecting the jurisdictions and competences of the other departments. It should make sure that all the programme personnel adopt an approach compatible with ON EQUAL TERMS vocational training goals.

This attempt at coherence could be furthered by co-ordination at the national and regional levels. National co-ordination should centre on determining and evaluating the policies and allocations of funds to set up orientation services, education and follow-up. Regional coordination should promote co-operation among programme workers to evaluate the potential the handicapped have to join the work-force, and to organize regular and adapted job-training positions.

The job market

24. *That the regional offices of the ministère de l'Éducation:*

- *ensure communication between employers and school commissions so that vocational training for the handicapped keeps abreast of actual conditions in the job market.*

The handicapped must be assured of being able to put their training to use in regular or adapted jobs. For this reason there must be coordination between the school and the job market in each region by means of effective communication with employers.

Research

25. *That the Conseil des universités, in cooperation with the ministère de l'Éducation and the ministère de l'Industrie, du Commerce et du Tourisme:*

- *see to the development of the understanding and research of ergonomics.*

Training

26. *That Québec universities:*

- *include the theory of ergonomics as applied to the problems of the handicapped in the programmes of all fields involved in job orientation of the handicapped.*

27. *That all professional corporations and associations in fields involved in orientation of the handicapped:*

- *include the theory of ergonomics as applied to the handicapped in the ongoing training programmes of their members.*

In order to give the handicapped information about job orientation which takes their potential into account as well as job possibilities, all professionals involved — teachers, orientation counsellors, school psychologists, etc. — should have some knowledge of the theory of ergonomics. This theory should be part of basic training programmes and not only presented at the level of specialized courses. Universities should assume responsibility in this regard.

Training programme on the needs of the handicapped

28. *That the ministère de l'Éducation:*

- *undertake to set up a training programme on the needs of the handicapped;*
- *make this course compulsory in general education at the secondary level;*
- *allocate the funds necessary to enable the upgrading of skills of all personnel involved in access to educational services for the handicapped;*
- *make this skills training programme available to all the various public and para-public service personnel.*

29. *That education personnel:*

- *undertake to take the Department's training course dealing with the needs of the handicapped and give it to others.*

The integration of handicapped students into the different learning institutions is increasing more and more, but the people working with this new clientele are not always trained to meet their needs adequately. There are many reasons: personnel mobility, absence of a programme of awareness, newness of the handicapped within the education system, recent compulsory supplying of educational services to all students without discrimination etc...

There is presently no programme in the ministère de l'Éducation to improve the skills of all the people working with the handicapped. Therefore, it should be indispensable for the Department to set up a training programme for all personnel: staff, professors, non-teaching, support, etc... and then determine an implementation schedule with their agreement.

Moreover, for newcomers to this field or those who simply wish to share in the integration of the handicapped, it is essential to list such programmes on the curriculum for all students and make them available to anyone wishing to train further.

8.
Employment

Introduction

Gainful employment is, without doubt, the most highly prized activity in our society. Not having a job is often a handicap faced by a large segment of the "active" population. If this is so, then people with significant functional limitations are especially handicapped: a whole range of difficulties beset their integration into the work force and their careers.

This chapter will concern only the integration of the handicapped into paying positions and keeping them there. Nevertheless, the areas where adaptation and rehabilitation interconnect with vocational training, and which are of prime importance to preparing handicapped individuals for work or for a return to the work-force, must be emphasized. Some people need conditions which are quite different from those of the regular work environment in order to be productive. So, adapted working conditions will also be discussed.

The situation

Services and programmes

Evaluation and Job Orientation

There have been very few studies done on the handicapped who try to join the work-force. It is known, however, that the large majority are without work experience. It is frequently estimated that fully three-quarters of handicapped adults receive social assistance or some sort of indemnity payments. A good number of them would like to work, either at a regular job or in an adapted work-place depending on their abilities and their competence.

On the other hand, the handicapped are the ones most often in need of education and vocational training, emphasizing the difficulty of obtaining educational services.(1) Their lack of work experience is added to the list of obstacles to getting a job. Thus, they are doubly handicapped when looking for employment: first by lack of education, second by lack of experience.

On their part, those who succeed in finding employment often have to do jobs which do not correspond to their abilities; jobs which are repetitive, lack stimulation, involve no decision-making or responsibility. Finally, very little effort has been made to promote initiatives by the handicapped to become self-employed businessmen.

Not one public authority has the specific task of evaluating the work capabilities of the handicapped. Evaluation and orientation services can be obtained from:

- local offices of Employment and Immigration Canada
- Canada Manpower expansion projects
- extended service of Québec Manpower, specializing in helping the handicapped to find work
- the Commission de la formation professionnelle
- rehabilitation centres
- hospitals
- Local Community Service Centres (C.L.S.C.)
- school commissions
- the Commission de la santé et de la sécurité du travail
- the Régie de l'assurance maladie du Québec
- the Régie des rentes du Québec
- the centres Travail-Québec
- insurance companies
- private services

The availability of services varies by region and by individual case.

Each organization or programme has its own admission requirements for services, and the handicapped must often approach several before finding the right one. Their jurisdictions overlap, which makes it hard to co-ordinate personnel.

The service definitions and the practices of each organization are not standard. There is a general lack of adequate means for determining the productive capacity of the handicapped. Comprehensive evaluation of work capability is not available enough to anyone, regardless of the type of impairment or extent of capability. The quality and content of the evaluations are also very variable.

Frequently, when an evaluation shows that an individual has not developed or has not been able to develop, the necessary capabilities to obtain regular employment, appropriate referrals to vocational training programmes or modified work environments are not automatic. This hinders a large number of the handicapped from developing their work skills.

Placement Services

Various types of resource people help the handicapped to find jobs and join the work force. However, the quality of these services varies a great deal.

Employment and Immigration Canada has about 120 offices, not all of which are accessible to the handicapped. In certain federal manpower centres, local co-ordinators work with specific clienteles and are able to offer services to the handicapped. But, they are parallel services to the regular system. They are short-term and lack breadth and personnel. They exist only in Montréal and Québec City. Several of them have recently closed their doors and everything points to the existence of those remaining being thrown into question. Thus, their expertise is in danger of being lost.

The ministère de la Main-d'oeuvre et de la Sécurité du revenu will soon have about 110 offices in Québec. The centres Travail-Québec are available to everyone, yet still have few services adapted for the handicapped. In fact, regular manpower centres, both federal and national are not presently in a position to offer them a personalized and modified service.

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(1) See Chapter 7, Educational services.

The Department finances the extended manpower services for certain categories of the impaired, among others, and these appear to be well-suited to their needs. It has set up an office of services for the handicapped and assigned regional co-ordinators. Greater financing has also been supplied to the Quebec Manpower extended services.

The Commission de la santé et de la sécurité du travail has 15 offices where those injured in work-related accidents or having work-related illnesses can obtain manpower services to rejoin the work-force.

The ministère des Affaires sociales is also involved in the integration of the handicapped into the work-force through certain rehabilitation centres and psychiatric hospitals. However, their approach and effectiveness are widely variable. In any case, this all creates problems in defining departmental jurisdictions.

The education system also plays a role in placing the handicapped into the regular work-force. Some school commissions have initiated industrial training programmes. More than half of their training positions turn into paying jobs.

Job Integration Programmes

The OPHQ has the authority to involve itself in the job integration of the handicapped through service programmes, contracts of vocational integration, adapted work centres, hiring programmes, and supplying information to employers and their personnel, but it should not take part in placement.

Contracts of vocational integration consist of a partial subsidy of a handicapped person's salary during a trial period. It has shown itself to be satisfactory by creating jobs for 328 persons up to July 1, 1982, mostly in small and medium size businesses. It permits the acquisition of regular working experience and development of ability to hold a job: fully half of those in this programme remain employed.

By virtue of sections 63 and 64 of the Act to Secure the Handicapped in the Exercise of Their Rights, companies with 50 or more employees must present the OPHQ with a plan to ensure positions for the handicapped.

Furthermore, other programmes have been suggested more particularly in the Canadian civil service. Generally, they aim at equal opportunity for the handicapped through eliminating obstacles to hiring them.

The Government of Québec has set itself several goals:

- by March 31, 1983, for government departments and offices to have handicapped persons as 2% of their staff;
- to apply the principles of ergonomics to the tasks given to the handicapped;
- to identify and eliminate obstacles to the hiring and continued employment of the handicapped;
- to train manpower counsellors;
- to compile data promoting cohesion and co-operation among the involved authorities as to the entry of the handicapped into the work-force.

Moreover, it is promoting the acquisition of work experience by the handicapped by offering them part-time training positions in the various departments and offices. This is a stop-gap measure to try to catch up rapidly and gives some of the handicapped an equal opportunity to stand for permanent positions in the Québec civil service.

The Problems

A great effort to co-operate has been begun, and the necessity to co-ordinate existing manpower services and programmes is being seen more and more. But the following obstacles remain to be dealt with:

- unequal access to manpower services for the handicapped depending on cause and category of impairment;
- overlapping jurisdictions and programmes and the difficulty in co-ordinating the various manpower resources;
- the tendency of regular manpower services to give priority to placement, and the lack of programmes preparatory to placement, which do not necessarily ensure the handicapped the conditions they need to join the work-force because of their special requirements;
- the lack of means to evaluate working capability;
- a system of financial allocations which does not provide for adequate follow-up to placement;
- the concentration of resources in large urban centres;
- ignorance of the needs of the handicapped within regular manpower services, which contributes to parallel services not being integrated with regular services;
- the tendency to neglect the needs of the handicapped in giving grants;

- the tendency of regular manpower services to work only for those "judged" most likely to rejoin the work-force.

In conclusion, the handicapped who need adapted manpower services depend almost exclusively on special projects set up only since about 1972. Within these confines, it is extremely difficult to obtain high quality services through regular channels.

The regular work environment

The Attitudes

The attitudes in this area are also a great handicap to impaired persons. Impairments, physical or mental, and most of all visible functional limitations, are wrongly linked to lack of ability or productivity. The handicapped are often seen as "incapable", charity cases, or else as fit for unwanted jobs. Such ignorance hurts their search for employment and deadens the hope of reinstatement for employees who have functional limitations due to an accident or illness.

Employers are often poorly informed and believe that the handicapped are not visibly profitable with regard to such areas of management as productivity, conscientiousness, and staying power. But reseach exists which shows the contrary. Employers' selection criteria aim for the highest profitability, and the handicapped, even with the right credentials, are most often the losers in such situations.

On the other hand, considering the diversity of organizations and procedures involved, employers scarcely know whom to contact in order to hire competent handicapped persons.

Unions are equally full of prejudices and myths. Despite several interesting efforts, oftentimes the subject of the handicapped in the work-force meets lack of co-operation or outright indifference.

Finally, little support is given to the handicapped to enter the business world. Could there also be a tendency there to associate functional limitation with lack of imagination and ability to undertake economically viable activities in the private sector? Loans, insurance and other necessary resources are often refused the handicaped in complete violation of their rights.

Business

There are other obstacles to the handicapped entering the job market; among others, there are architectural problems and problems with transportation to get to work.(2)

Moreover, job integration problems are not limited to finding or keeping a job. Union and company activities are often closed to the handicapped due to a lack of facilities adapted to make their participation convenient as union members or office workers.

Besides this, there is a lack of technical skills to modify job stations for the capacities of the handicapped. Technical aids and ergonomics are underused, and manpower resources themselves are often quite unfamiliar with the possibilities for adapting stations. Other arrangements such as schedules and job descriptions are rarely tried. However, they can be indispensable to ensuring the handicapped access to regular working conditions or helping them keep their positions.

There is also a rather noticeable lack of flexibility in the application of collective agreements, particularly in the areas of seniority and promotion. It is very important that both employers and unions analyse these agreements and change any discriminatory clauses. Research into this has been begun by the OPHQ to discover how hiring of a handicapped person or his re-integration into the work-force may be done in a way which is not detrimental to the job security or promotion of another company employee.

A study by the ministère de la Main-d'oeuvre et de la Sécurité du revenu reveals that of 4,571 collective agreements in force in February 1982, 28% or 1,274 of them included clauses bearing directly on the re-integration of employees handicapped as a result of their work.(3) Clauses of this type are frequently presented in union demands. However, in cases where they exist, these clauses most often relate to ways and means to re-integrate employees who have become handicapped, and it is the employer who must set the re-integration procedure in motion. Special clauses promoting the job integration of the handicapped other than in cases of employee accident or illness do not exist. Hiring in this case is completely in the hands of the employer.

Hiring Programme

Application of section 63 and 64 of the Act to Secure the Handicapped in the Exercise of Their Rights should contribute substantially to equalizing opportunities, at least as far as businesses with more than 50 employees are concerned. They should work out their hiring programmes along the following guidelines;

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(2) See Chapter 12, *Transportation*, and Chapter 13, *Accessibility*.

(3) André Desjardins, *La réintégration au travail du salarié devenu handicapé*, Le marché du travail, vol. 3, no 7, juillet 1982, p. 8.

- in recruiting, access to information on the position available and access to application procedures;
- in selecting, access to the place of interview, and procedures adapted to permit the handicapped to display their capabilities;
- in integrating into the position, accessibility of the workplace, adaptation of the job station and working conditions;
- in re-integrating into the position, steps to re-integrate or re-assign employees who have become handicapped;
- in developing work experience, offering training positions to the handicapped;
- in developing positions to be assumed by the handicapped, providing human or material resources or contracts to organizations employing mostly handicapped persons.

Adapted working conditions

Many people who could work under adapted conditions are still in rehabilitation centres. Some of them have developed their productive capacities but find their way into the job market blocked. Adapted working conditions means jobs which are in line with the capacities of individuals whose net output is inferior to the average or whose behaviour is unacceptable to production procedures in the work-place. Access to adapted working conditions concerns all such handicapped persons who have such capacities and competencies.

At this time, the adapted job sector is mostly defined by the Act to Secure the Handicapped in the Exercise of Their Rights which has created an alternate employment for individuals with severe functional limitations: adapted work centres. These are non-profit organizations operating as small and medium size businesses, accredited and partly subsidized by the OPHQ. They employ mostly handicapped people who have permanent status and receive at least minimum wage, or a wage set by decree. In 1982 there were 37 adapted work centres employing about 1,350 handicapped people.

The OPHQ allocates a very large portion of its budget for adapted work centres ($16,000,000 in 1982-83). These subsidies are to cover the lack of productivity of employees whose functional limitations render them incapable of attaining regular output levels. The subsidies are presently paid out uniformly since the OPHQ subsidizes the total amount of the salaries paid to such people. This method of financing does not stimulate the adapted work centres (CTA — centre de travail adapté) either to recruit individuals with a low work capacity or to find the most appropriate ways to increase their productivity.

The establishment of adapted work centres across Québec stems from society's willingness to recognize that some of the handicapped can

THE COMMITMENTS OF THE SOCIO-ECONOMIC CONFERENCE

CONSEIL DU PATRONAT DU QUÉBEC:

- to share in an analysis of the selection procedure.

CHAMBRE DE COMMERCE DU CANADA:

- to work to inform their members about hiring the handicapped.

CONSEIL INTERPROFESSIONNEL DU QUÉBEC:

- to follow up on training its members and making them more aware of the needs of the handicapped;
- to work with universities in order to make specialized training available within the programmes leading to a degree in orientation counselling.

MINISTÈRE DE LA MAIN-D'OEUVRE ET DE LA SÉCURITÉ DU REVENU:

- to co-ordinate the programmes of the institutions involved and set up a manpower service accessible to the handicapped through its regional centres.

OPHQ AND MINISTÈRE DES AFFAIRES SOCIALES:

- to detail the various roles of adapted work centres and organizations offering job training in order to arrive at an organization of resources promoting the maximum job integration of the handicapped.

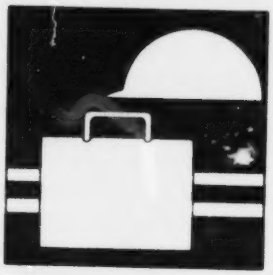
contribute to the economy as other people do, but cannot do so competitively. Previously, these people were often trainees in protected workshops, receiving a symbolic stipend for their work. With the creation of adapted work centres, employment has been clearly separated from work in adaptation, rehabilitation, or job-training.

According to the law, the centres' primary function is to employ productive individuals who cannot presently join the regular work-force. But, because of the general scarcity of jobs for the handicapped, the inadequacy of placement services, and the lack of adapted equipment, a considerable number of those presently employed in the centres are people who probably could join the regular work-force.

The maximum use of production technology is one solution which could increase the competitiveness of modified employment centre workers. Besides, the technological revolution in progress portends to alter business organization radically, and offer new possibilities to those with severe limitations.

The OPHQ has, above all, a place in promoting, developing and co-ordinating the resources needed by the handicapped to join in the life of their communities. Administrative responsibility for the adapted work centres is short-term and incompatible with its primary function in the long-run. Not being a profit-making organization, the OPHQ is often hard-pressed to offer the centres all the support required.

Finally, the formula itself is very restricting, especially with a view to integrating the handicapped into society. Few efforts have been made to produce new types of adapted working conditions.



The objectives

Exercising the right to work

1. Access to paying jobs without exclusion or favour for the handicapped

All handicapped persons of an age to work should be able to enter paying positions without discrimination or privilege based on impairment or functional limitation or use of special means to overcome them. This is the basic principle of job integration for the handicapped and is in accordance with the Québec Charter of Human Rights and Freedoms. A handicapped person should, with equal opportunity, be able to find a job and hold it, exercising all the rights of Québec workers. Like everyone else, only their capacities, qualifications and abilities should be considered in obtaining employment.

2. Maximum integration of the handicapped into the regular work-force

Unreasonable limits should no longer be placed on job integration for impaired persons to promote employment possibilities in the regular work-force. The competence of each handicapped person should be evaluated on the same basis as everyone else.

3. Potential opening up of all jobs to the handicapped according to their competence

Maximum integration into the work-force should come about by the opening up of all areas of employment activity to handicapped persons with the required qualifications, regardless of the level of authority. In fact, the real qualifications necessary to occupy a position are related to competence and ability to fulfil a job description and not to impairments. The job outlines which often characterize the job market create positions which require specific abilities. Competence is as varied among the handicapped as among the population in general. Therefore, it must be ensured that integrating the handicapped into the work-force and keeping them there is not done by means of stereotypes which reserve a particular job for individuals with a particular impairment.

4. Continued employment for those handicapped following an accident or an illness

Loss of employment following an accident or an illness is one of the main causes of the high rate of inactivity among physically impaired persons. So it must be made easier to keep these people at work regardless of the cause of the accident or illness, by promoting the individual's reintegration into his job with the necessary modifications, or else offering him a position corresponding to his capacities.

5. Access for the handicapped to private business initiatives without discrimination

Integration into work activities cannot be discussed without also discussing the possibilities of self-employment or setting up a store or other type of business venture, alone or with others. A handicapped person who wishes to do so should be able to take advantage of the same support available to other businessmen in general. Success or failure is experienced by all those who go it on their own.

6. Access to adapted working conditions for the handicapped who do not presently have the ability to integrate into the regular work-force

The Act to Secure the Handicapped in the Exercise of Their Rights has permitted some, who do not have the abilities required to enter the labour force, to contribute to the economic life of their communities by means of adapted job activities. Therefore, it is necessary to permit a greater number of the handicapped to enter adapted jobs.

Manpower resources

7. Developing manpower resources adapted to the needs of the handicapped

For the handicapped, exercising the right to work depends on the availability of adequate manpower services, among others. The type of services varies greatly according to the characteristics and degree of independence of each person. In some instances, the services ordinarily available to the general public may suffice. Such is the case, among others, of individuals having recognized job qualifications and the knowledge and ability to undertake most of the initiative for finding a job themselves. However, in cases of someone who does not, for example, have enough independence to job-hunt on his own, or else who has little training or work experience, special measures may be necessary within the context of a vocational integration programme linked, as required, to a complete service programme.

8. Optimal use of regular manpower services by the handicapped

Handicapped persons should be able to approach regular manpower resources to obtain the services they need. They should not automatically be referred to a specialized resource upon mention of an impairment or functional limitation. Such pratices result in their being disadvantaged in the manpower system right from the start. The only criteria to be used to refer people to special or adapted resources should be lack of job qualification or a degree of independence which is limited with regard to steps usually taken to find and keep oneself a job. In this situation, the handicapped should be able to request that a vocational integration programme be worked out, or the resource personnel should suggest it.

9. Maximum integration of adapted manpower services for the handicapped into the regular resources

Services adapted to the needs of the handicapped should be an integral part of the public services offered to the general population. This would involve training and informing the personnel within the regular network to enable them to offer special services to the handicapped. It would also involve a better use of special manpower resources and their integration into the regular network. Public use of them must be made known officially and the parallel resources presently envisioned only for the handicapped should be decentralized as required.

10. The availability of special manpower services to ensure adequate service to the handicapped and the completion of vocational integration programmes in all manpower centres

Maximum integration of special services into the public manpower resources would involve making them available at all manpower centres. Handicapped individuals requesting special programmes could thereby take advantage of the manpower services within their communities on the same basis as everyone else. The way to realize this aim should vary according to local circumstances and the needs of the clienteles. In the short-term, mobile specialized counselling units could ensure the availability of these services in all regions.

11. On-going co-ordination of the programmes of the various departments and organizations offering manpower services to arrive at a complete network of services for the handicapped

There must be a permanent co-ordinating mechanism in order to avoid duplication of services and lack of inter-relation and referral among the various organizations supplying manpower services to the handicapped. It should foster the effective flow of information from the national to the local level and vice versa, and ensure coherent action at all levels.

The role of manpower resources

12. Responsibility of manpower resources to ensure evaluation of the working capacity of the handicapped

Evaluation of the working capacity should measure a handicapped person's actual abilities, physical and mental capacity, and performance in predetermined situations which reproduce as closely as possible the conditions existing in a given work environment. Therefore, the evaluation should take working conditions into account and bring to light what the individual needs to deal with them.

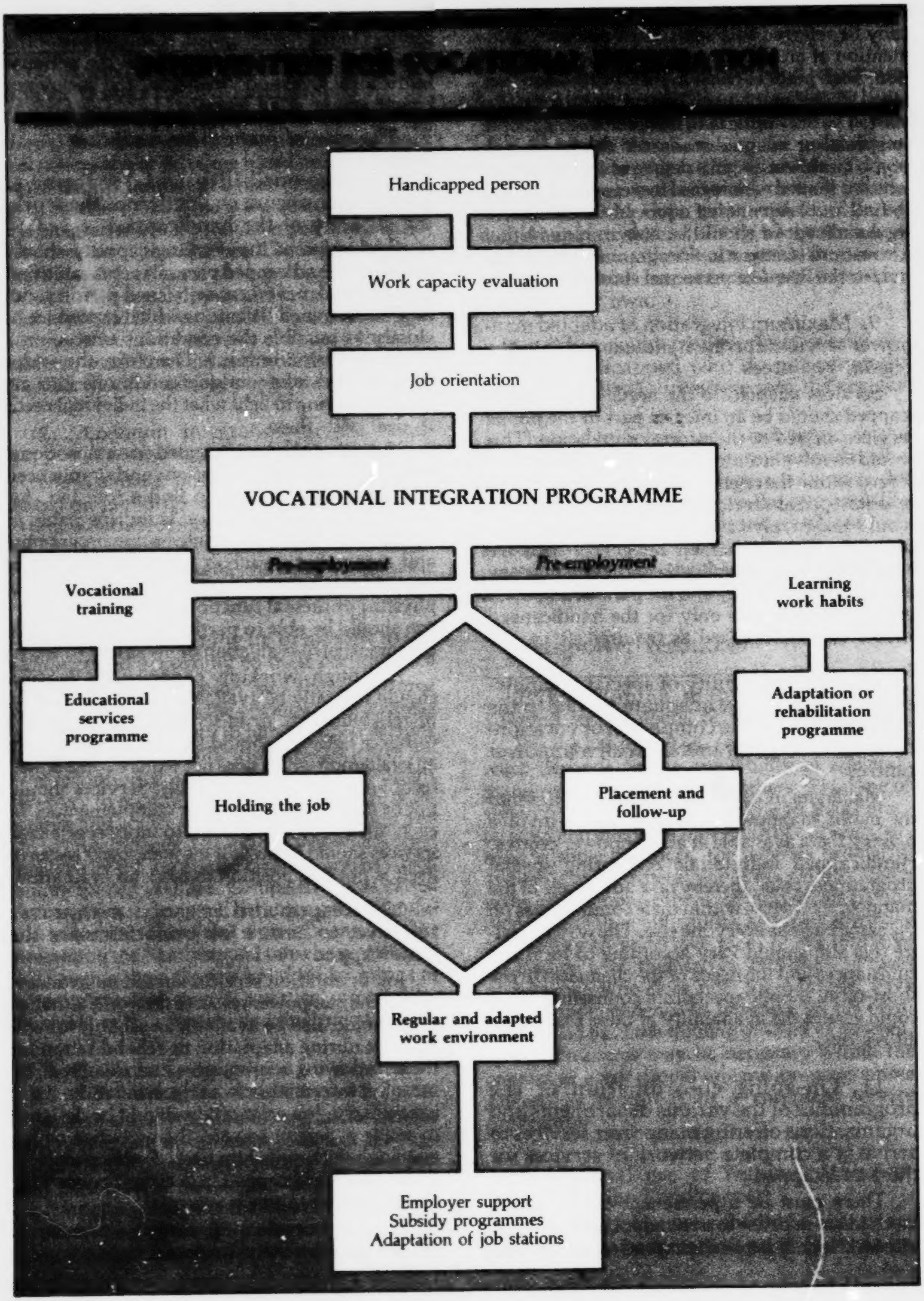
Not all of the handicapped need this. Some of them have job qualifications and simply need help from time to time to find a job; but, for others, a careful evaluation is indispensable to working out a vocational integration programme and manpower resources should ensure this is available. Whatever the type and cause of the physical or mental functional limitation, a person should be able to participate actively in the comprehensive evaluation of his ability to work.

Although working capacity evaluation should logically be available during adaptation or rehabilitation, or in schools, the manpower resource network should also be able to ensure an evaluation which does not require complicated techniques or specialized skills. Services should not be duplicated, but rather complementary to each other. Proper referrals to more specialized services should be made if the manpower resource itself is not in a position to offer an evaluation.

13. Responsibility of manpower resources to ensure job orientation for the handicapped

Job orientation services should be available within the manpower resource network, although they should also be available in schools for students or during adaptation or rehabilitation for those following a programme of this type. By means of information from the evaluation, if this is necessary, job orientation should be designed to guide a person toward the activities or job training which suits him best. Active participation by the handicapped in decisions concerning their job orientation is essential.

Here, as in evaluating, manpower resources should consider the job orientation recommen-



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Handicapped person
Work capacity evaluation
Job orientation
VOCATIONAL INTEGRATION PROGRAMME
Pre-employment
Pre-employment
Vocational training
Educational services programme
Learning work habits
Adaptation or rehabilitation programme
Holding the job
Placement and follow-up
Regular and adapted work environment
Employer support
Subsidy programmes
Adaptation of job stations

dations supplied by schools or adaptation or rehabilitation resources. There should also be recourse to outside consultation in cases requiring professional attention.

14. Responsibility of manpower resources to refer the handicapped to job preparation services at work or in adapted work environments

If a person is incapable of joining the regular work-force, once the areas of activity he is best suited to have been determined, he ought to be able to be referred to the appropriate resource. This presupposes a good understanding of:

- adaptation or rehabilitation programme resources;
- job-training programmes (for all or for the handicapped);
- continuing education (basic schooling);
- adapted work environments (adapted work centres — CTA — and other employment possibilities in adapted conditions);
- job-training or work experience possibilities (contracts of vocational integration, etc.) in a regular working environment.

Manpower resources should establish effective communication links with all corresponding organizations. They are already involved in job-training and on-the-job training programmes in regular work environments. So their knowledge of other resources which could play a part in the job integration of the handicapped should be increased.

15. Availability of placement services which meet the needs of the handicapped

Looking for a job often requires the support of a competent manpower counsellor to work out a programme which meets the special needs of the handicapped who request such help. The aims should vary according to the client and ability to work, and could go as far as finding a job, arranging working conditions, and integrating the client into his new job.

Regular placement services are offered to the general public and are available to the handicapped with no special requirements stemming from their functional limitations when looking for and holding onto a job.

Adapted placement services are geared to those handicapped persons who hope to take advantage of a vocational integration programme. The type of programme should vary according to functional limitation, type of job desired and conditions in the area of work to be entered. Three types of placement adapted to the scope of the individual's need for support can be envisioned.

- Supervised placement: the manpower counsellor ensures job-hunting support and works out the aims of the programme with the client. He sets out a dynamic job-hunting regimen suited to the client's needs. But it is the client himself who co-ordinates his programme and takes the steps to attain his objectives.
- Assisted placement: this more specialized programme should be offered to less independent persons who need greater support. It means, for example, helping a handicapped person to deal with employers by contacting them to give supplementary information, locating obstacles to the person's integration into the new work environment and trying to find practical solutions to allow him to integrate as independently as possible.
- Substitute placement: for various reasons tied to the severity of their functional limitations, lack of understanding of hiring procedures or the complexity of the necessary programmes, a minority of handicapped clients need someone to take complete charge of placement. The job-hunting is then done by the manpower counsellor, who takes care of selecting possible jobs, introducing the client, negotiating the most appropriate conditions and work routines, etc... The counsellor could also try to place the client in a regular work environment to allow him to acquire experience, confidence or better job-training (pre-employment phase) which would let him be much more independent and better prepared for job-hunting in the future. Most individuals requiring substitute placement should look on their vocational integration programme as one aspect of a complete service programme.

However great the importance of lending support to the handicapped to complete their job integration programmes, their participation and independence in making it work should always be encouraged. Their tastes must be considered, but also the realities of the work environment they wish to enter. Adapted placement services should be available in natural settings, within regular manpower centres.

16. Availability of follow-up to ensure the successful placement of a handicapped person

Attaining the goals of a vocational integration programme frequently requires a follow-up. For some people it is a primary condition to successful placement: the first twelve weeks on the job have great bearing on whether it is held or not, and it is only after this period that one can consider the placement a success. The follow-up procedures, and keeping a job, are decided by the needs and conditions of the handicapped person, the employer, the work-place and the environment. Follow-up consists chiefly of remaining available to hear comments from the employee or the employer, and intervening if keeping the job is the programme objective, depending on the circumstances. Usually this activity is intense during the first weeks and decreases as the client integrates into his new surroundings.

17. Access to job maintenance and reinstatement services for all handicapped persons

Some of those who become impaired in adulthood have lost their jobs as a result. They should be able to take advantage of some manpower programme either to keep their jobs or re-integrate into their former work-place doing a different function regardless of the nature of the accident or illness. Presently, having had a traffic accident, or a work-related illness or accident, gives easier access to services of this type.

On the one hand, everyone should be assured the assistance of qualified personnel to evaluate with both the employer and employee the possibillity of assuming the same position as before the accident or illness the assistance of qualified personnel to evaluate with both the employer and employee. On the other hand, if the individual is no longer capable of assuming the same position, other possibilities in the work place must be analysed. The manpower resources should refer the person for rehabilitation or the working out of a complete service programme if necessary. However, regular manpower counsellors should have at least a basic understanding of ergonomics and adapted placement in order to suggest appropriate solutions as far as possible without having to turn to outside advice for no special reason.

18. Availability of technical support for employers: counselling and financial assistance services for adaptations needed to promote employment of the handicapped

Job placement and retention services apply as much to the handicapped as to employers. But employers do need technical support. A technical evaluation may be essential for re-instating an employee who has lost his functional independence, but it is also for hiring handicapped persons. To follow up on their hiring programmes, Québec employers should turn more and more to manpower resources to supply them with expertise about adapting job-stations, universal accessibility, adapting job descriptions. So there is a need for setting up manpower resources to help employers with these aspects.

Some employers should have access to various technologies to adapt job-stations in order to keep a handicapped employee on the job or else to hire one. In this way, the capacities of the handicapped can be led to correspond more to the jobs available. Generally, these adaptations are quite inexpensive. Nevertheless, some technologies occasionally represent large outlays which disuade small and medium size businesses from hiring competent handicapped workers or from keeping them in their positions. In some instances, financial assistance should be available to ensure access to existing technology. Also, research into job-station modification should be promoted so employers can be advised as to the most appropriate changes to make at the least possible cost.

Opening up the work-place

Manpower services alone are not the whole picture. Availability of work is obviously a precondition to employment for the general public. But, it is also necessary to change the attitudes of employers and employees alike as well as their respective associations with regard to the handicapped and, where necessary, to adapt organizational structures to ease their integration into jobs and help them retain those jobs.

19. Informing employers, employees, and their respective associations about the possibilities for hiring the handicapped and keeping them on the job

In order to do away with the obstacles linked to work attitudes and organization, the entire job sector must be made more aware of the abilities of the handicapped. Working out hiring programmes is a positive step. However, this task should be undertaken by efforts to inform employers, employees, and their associations in all sectors, private as well as public, with greater effort given to businesses with fewer than 50 employees which are not affected by the hiring programme.

20. Eliminating hiring and job retention problems for the handicapped in collective agreements

It must be ensured, when negotiating collective agreements, that they do not contain aspects which are discriminatory to the handicapped and impede them from applying for jobs for which they are competent. In the same way, there in reason to study the insertion of clauses which promote job retention for persons who acquire functional limitations.

21. Revising recruiting, hiring, and career advancement policies to promote equal opportunity for the handicapped

In order to ensure equal opportunity for the handicapped, all discrimination in recruiting and selection procedures must be eliminated. They must be adapted, if necessary, to permit an objective evaluation of the candidates. Career patterns should also be the subject of a critical analysis.

22. Linking job qualification to the actual duties involved

It should also be ensured that job qualifications do not constitute a source of discrimination against those with impairments or functional limitations. If there is reason to specify physical capacity or state of health as hiring criteria, it must be justified by the actual functions required to fulfil the job and take into account the technical devices the handicapped use to overcome their functional limitations. Although much more difficult to assess objectively, intellectual requirements for each position must also be analysed. This would imply, for example that scholastic qualifications required, often taken to denote intellectual ability, must correspond to the actual job functions in question and not be simply a quick but arbitrary selection method.

23. Adapting work stations and conditions to the functionning levels of the handicapped as required

In some cases, it is necessary to modify aspects of the job station or routine.

Ergonomic techniques can often make job requirements and working environment meet the functioning level of a handicapped person. A simple change to the equipment or a minor change in job description may suffice to allow him to perform the tasks. More often it is a question of imagination then of money when it comes to applying the appropriate changes. In other situations, adapted working conditions, such as reduced hours, may allow a handicapped person to exercise his right to work.

24. Participation by the handicapped in company and union activities

Like any other employees in unionized workplaces, the handicapped should have the right to join in union activities. The same is equally true of company activities. So, there is a need to do away with any hindrance to their involvement and if necessary, to change some practices in order to foster it.(4)

25. Developing new forms of adapted work for the handicapped who cannot hold jobs in the regular work-force

New ways must be developed for the handicapped who are presently not capable of holding jobs in regular work-places to exercise their right to work. Creating adapted work centres, while innovative, is only one type of adapted employment. Other solutions are possible. As in cases, for example, where positions might be created or designed for individuals whose level of productivity is stable but not competitive. This might take the form of individual jobs in many businesses or else groups of employees in one section of a business. This type of adapted employment has the net advantage of encouraging the handicapped to participate in the economy under social conditions similar to those of the working population in general.

26. Government defrayment of costs related to the lack of productivity of the handicapped in adapted work environments

Development of new adapted work forms also depends on the willingness of government to pay the difference of the lack of productivity of the handicapped who are not presently capable of holding competitive jobs in the regular labour force. However, adequate means of determining and paying for the difference between usual output and the output of these people must be sought. In fact, a method whereby government pays only the deficit incurred by businesses due to the lowered productivity resulting from the functional limitations of the handicapped should be considered.

27. Eliminating obstacles to private business initiatives by the handicapped

Real access to economic possibilities for the handicapped means also that all barriers to their participation as private sector businessmen must be systematically eliminated. Québec society should encourage their potential contribution to the economy in the area with equal opportunity.

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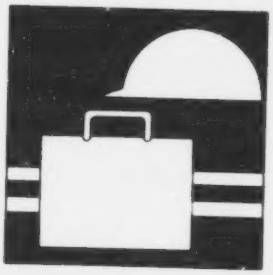
(4) See Chapter 14, *Communication*, and Chapter 17, *Organized groups participation*.



Recommendations

Information

1. That the ministère de la Sécurité du revenu, by means of manpower resources:

- *adapt its job and programme information system to meet the needs of the handicapped.*

The Department should give special attention to the handicapped clientele in order to keep them as well informed as other citizens. There is a need to modify the information systems it uses to publish jobs available and services offered by its network.

Discrimination

2. That the Commission des droits de la personne:

- *establish easier ways to identify work-related discrimination against the handicapped;*
- *make employers, workers, and their associations aware of discriminatory situations;*
- *give the handicapped all the support they need to take advantage of their rights.*

3. That the Commission des droits de la personne, in co-operation with the OPHQ, the ministère de la Main-d'oeuvre et de la Sécurité du revenu, employer's and employee's associations, and the promotional organizations:

- *establish a guide for identification and elimination of discriminatory or preferential practices in the recruiting, selection and career patterning of the handicapped.*

Criteria for determining more exactly whether a handicapped individual has been subject to discrimination at work are needed at once. Other offices charged with applying rights and freedoms charters elsewhere in Canada make use of such criteria to single out cases where there has actually been discrimination. The criteria they use would make a much better frame of reference than the present law governing court decisions on discrimination. Both employers and unions must be made aware of situations which may actually be discriminatory. All handicapped persons who have good reason to believe they have been victims of discrimination should be supported and shown the steps to take to rectify the situation. Working out a practical guide to identification and correction of discrimination against the handicapped would make it easier to increase the sensitivity of the work-place to the problem.

4. That the Commission des droits de la personne and the Commission des normes minimales de travail:

- *through adapted means, inform the handicapped of their rights with regard to employment, and encourage them to take recourse when these rights are violated.*

The handicapped who have been victims of discrimination must also be encouraged to stand up for their rights and, in this way, sensitize the judicial system, the work-place and the general public. Modified support systems might be required in order for some to take the proper steps. The commissions involved should be able to supply all of their services flexibly and with the necessary changes, and most notably, make sure their offices are accessible.

Re-integration

5. That the Gouvernement du Québec:

- *accord the right to workers with functional limitations due to accident or illness to reassume their positions, or assume other positions in their place of work which correspond with their functional limitations and their ability to work.*

Presently, a return to work for victims of work-related injuries is left to chance and often constitutes a source of insecurity and frustration for the worker as well as a source of mounting costs for citizens, employers, and government. The worker who has acquired an impairment must be legally accorded the right to return to work regardless of the cause of the impairment.

This right ro return to work covers, among other things:

- re-instatement to the same position if the employee is able to perform with or without modification of the job-station;
- assignment to another position if the employee is no longer able to do the same work.

This right should include measures to preserve the employee's employment rights and benefits during his absence.

Informing employers

6. That the Conseil du patronat du Québec, the Chambers of Commerce, other employer's associations as well as union centrals:

- *inform their members of the abilities of the handicapped in order to encourage their hiring and retention;*

- *encourage their members to make provisions promoting participation in company life by the handicapped;*
- *support and promote efforts by the manpower resources to integrate the handicapped into the work-place and keep them there.*

Informing employees

7. *That employers, their associations and the unions:*

- *inform their staff of possible sources of discrimination towards the handicapped;*
- *do the studies necessary to identify the obstacles and deficiencies in collective agreements with regard to the hiring and job retention of the handicapped, and include these issues in the negotiation of new collective agreements;*
- *take steps to promote the participation of the handicapped in the activities they organize at work.*

Participation by the handicapped in company and union life should be assured by adaptation of the means; for example, transcription of company bulletins in alternate media. The sensitization required to open up the work-place to the handicapped should not come from outside sources. Information coming from within a business is oftentimes better received. Information should circulate in places of work along the regular channels; union communications for example. Both management and union should undertake a systematic analysis of obstacles to hiring and retaining the handicapped and agree upon the measures needed to ease their integration into the work-force.

Adapted manpower services

8. *That the ministère de la Main-d'oeuvre et de la Sécurité du revenu:*

- *make available to the handicapped all necessary manpower services through the regular resource network;*
- *integrate as much as possible the adapted services it finances into its regular network;*
- *ensure the availability of adapted manpower services in all regions of Québec;*
- *ensure the working out and realization of vocational integration action plans for all handicapped persons who request them.*

Personnel training

9. *That the ministère de la Main-d'oeuvre et de la Sécurité du revenu:*

- *set up an ongoing training programme on the needs of the handicapped for all manpower agents;*
- *provide the designated personnel with adequate information on supplying adapted services to the handicapped.*

A single manpower service must be kept in mind which can provide regular services to the handicapped as to everyone else, but at the same time diversified enough to meet needs within the context of an action plan. This would respond to the need for re-organization and development of services agreed upon by the promotional organizations of the handicapped, employers and unions. Resources ensuring the availability of adapted services through Québec Labour centres must be organized.

The expertise of some of the projects outside the regular manpower structure will be retained as much as possible and the special services reorganized. In any case, creating a single network would require uniform, high-quality training for manpower agents providing regular services to the handicapped as well as a more appropriate training for personnel in the adapted services. For the latter, they must be given basic training in ergonomics, a good understanding of technical aids to make job integration easier and a clear picture of the diverse functional abilities of the handicapped.

National co-ordination

10. *That the Gouvernement du Québec:*

- *mandate the ministère de la Main-d'oeuvre et de la Sécurité du revenu to co-ordinate the various authorities involved in supplying manpower services to the handicapped at the national level in order to promote collaboration among the various networks to provide complementary services.*

Leadership by the Department in this area would respond to one of the requests of the promotional organizations and the labour force. The various authorities to co-ordinate are the Commission de la santé et de la sécurité du travail, the Régie de l'assurance-automobile, the ministère des Affaires sociales and the ministère de l'Éducation.

Regional co-ordination

11. *That the ministère de la Main-d'oeuvre et de la Sécurité du revenu:*

- *assume the leadership in the regional co-ordination of the various networks to ensure availability of special manpower services in all regions;*
- *consult with the promotional organizations of the handicapped as to ways to implement collaboration in providing complementary services.*

Regional co-ordination is essential to avoid duplication, correct deficiencies and encourage complementary resources. In the short run, it should ensure the availability of special manpower services to the handicapped no matter where they come from. In the long run, once a single service network has been set up, it should help to clarify all mandates and produce inter-related action. The representatives of the handicapped must be consulted in order to arrive at a service organization which meets their needs.

Temporary positions

12. *That the ministère de la Fonction publique:*

- *maintain the programme of temporary positions in the Québec civil service, and increase their number for the time being, so the handicapped may acquire work experience;*
- *give the handicapped who have had temporary positions and been evaluated as able to fulfil the job functions priority when filling vacant permanent positions.*

Equal opportunity policies in the Québec civil service provide for a certain number of temporary, part-time positions for the handicapped. For the present, the number must be increased in order to allow more of the handicapped to take advantage of them. This is not preferential treatment since it is a short-term catch-up measure to allow them to acquire job experience, a right which up to the present has often been denied them.

Since the civil service presently does very little outside recruiting and the large majority of civil service positions are filled by transfer or promotion, it is practically impossible for the handicapped to obtain permanent positions. This priority access to jobs which correspond to those the temporary employees have already shown they can handle, would be a positive step toward the civil service realizing its equal employment opportunities goals for the handicapped.

Adapting employment

13. *That the ministère de la Main-d'oeuvre et de la Sécurité du revenu:*

- *establish a programme to subsidize modifications to job stations for employers in the private and para-public sectors;*
- *take over and enlarge the programme of contracts of vocational integration presently administered by the OPHQ.*

Financing modification to job-stations as a portion of a handicapped employee's salary is currently possible within the context of sections 61 and 62 of the Act to Secure the Handicapped in the Exercise of Their Rights. A modest budget is allocated for it. However, in order to integrate special services into the regular networks as much as possible, this programme should be transferred to the Department and larger budgets allocated to develop it. This step ties in completely with the idea of a single service network. In fact, transferring this job-creation programme to the Department and setting up a programme to adapt job stations conveniently would make the reorganizations necessary to establish such a network much easier.

Ergonomics research

14. *That the Institut de recherche en santé et sécurité du travail and the Conseil des universités, in co-operation with the ministère de la Main-d'oeuvre et de la Sécurité du revenu:*

- *develop research into ergonomics as applied to the needs of the handicapped.*

Training in ergonomics

15. *That the Conseil des universités, in co-operation with the ministère de l'Éducation:*

- *set up a programme for teaching ergonomics;*
- *include material concerning the functional capacities of the handicapped and their abilities and needs in relation to employment in programmes in administration and industrial relations, polytechnics, design, and health and job security.*

Those people in Québec with a competent knowledge of ergonomics received their training outside the province. This knowledge is indispensable for adapted job stations and it is of prime importance that such training and research be developed in Québec. The quality of special services will depend on basic training in ergonomics provided in broader programmes; for example, orientation counselling. Along with this, a basic understanding of functional limitation and impediments to employment should be included in administration and personnel training.

Adapted work centres

16. *The Office des personnes handicapées du Québec undertakes to:*

- *study transferring the accreditation and financing of the adapted work centres to another administrative department;*
- *study new ways to finance the adapted work centres.*

Responsibility for these centres presently rests with the OPHQ. However, transferring it must be considered seriously. It could be left in the hands of a regular network: a department or financial organization. But, a workable method must be found whereby government financing of adapted work centres covers only the deficit incurred by the lower productivity of the handicapped, as far as this is possible.

Adapted employment

17. *That the ministère de la Main-d'oeuvre et de la Sécurité du revenu, in co-operation with the OPHQ:*

- *suggest new ways to try to develop adapted employment.*

Adapted employment pilot projects other than the adapted work centres must be developed. Representatives of the adapted work centres, representative of the handicapped and special counsellors should be invited to participate in these discussions.

Private initiatives

18. *That the private and public institutions which finance private enterprise:*

- *find and eliminate impediments to private initiatives by the handicapped in the business world.*

There is a definite need to discover exactly what impediments exist for the handicapped in business, in order to open up all financial activities to them. The promotional organizations should have input into this because of their previous concrete experience with discrimination in this area. Precise recommendations should be made to suppress any arrangements or practices discriminatory to the handicapped.

9.

Residential Resources

Introduction

One of the most basic needs of man is to have a home according to his desires. To be comfortable at home is not only a requisite for stability of feelings and emotions, but is the beginning of social integration. Formerly, western societies tended to group the handicaped together in large institutions, regardless of their special needs. One of the first demands of the promotional organizations was the formation of a network of residential resources suited to the needs of the handicapped. Since the very beginning of the theory of "normalization", it has been recommended to support the handicapped in their own environment, to use community services and to have the clients participate in organizing resources.

The situation

In referring to residential resources here, we mean all types of homes in which the handicapped live, from institutional accommodation to ordinary homes. Thus, *accommodation* includes rehabilitation centres, group homes or foster families; in other words, resources available to the handicapped and administered by the Government, or public and private organizations. A *dwelling* refers to a residential unit (apartment or home) which is like a family home, administered by the handicapped person himself or in conjonction with the others in the unit. *Intermediate resources* are a combination of dwellings similar to a home, but always including support and maintenance services on the premises.

Dwelling

For some years now, the Government of Québec has taken steps to promote the maintenance of the handicapped in their own environment. Thanks to programmes administered by the Société d'habitation du Québec:

- in 1981-1982, 815 handicapped persons lived in accessible dwellings in low-rental housing units;
- in 1982, 500 handicapped persons took advantage of the *Rental Supplement* programme;
- elderly persons, handicapped or not, are eligible for the *Logirente* programme, by which the Société d'habitation du Québec pays 75% of the difference between the annual rent and 30% of the person's income(1);
- in certain instances, the handicapped may receive an additional subsidy of $4,000. to adapt their dwelling-place within the framework of the *Loginove Renovation programme*(2);
- like anyone else, they may take advantage of subsidies to establish co-operatives within the framework of the *Logipop programme*.

Of all the programmes of the Société d'habitation du Québec, the Rental Supplement programme for dwellings for the handicapped seems to offer the most advantages. It is less costly and offers a fairer allocation of accessible dwellings than the low-rental housing plan. In addition, other organizations such as the OPHQ, the Régie de l'assurance-automobile, the Commission de la santé et de la sécurité du travail give money for the adaptation of dwellings.

All these programmes have enabled a certain number of the handicapped to find a solution to their housing problems by settling into accessible dwellings in an environment which they have had the opportunity to choose. However, there are still some apparent difficiencies:

- shortage of moderately-priced accessible dwellings though the new HLM are accessible in general;
- concentration of the handicapped in certain accessible buildings, particularly in HLM built before the application of the universal accessibility policy by the Société d'habitation du Québec;
- impediments in the eligibility criteria to HLM, though they are presently being reconsidered;
- lack of information as to the *Rental Supplement program*, which is not administered by a regular authority in the housing area;
- lack of information on present accessible dwellings;
- lack of information on accessibility norms and possible adaptation of dwellings.

Moreover, few people seem to take advantage of the co-operative system in spite of its great flexibility for fitting in with the goals of personal independence and participation.

Lodging

For about ten years now, the ministère des Affaires sociales has been following a new trend in regard to lodging for the handicapped. Since 1974, in a work document called *Proposal of policy concerning young adults and maladjusted adults*, it recommended "having recourse to solutions with a normal approach, in other words, having the handicapped be part of the community in such a way that his dwelling is as similar as possible to that of other people." The choices to be considered, then, are group homes, supervised apartments, foster homes, co-operative dwellings, etc.(3)

Around 1976, the Department set up the first group homes in Québec for persons with severe physical and mental limitations. In 1977, the White Paper confirmed this policy by establishing priority for "the development of residential resources, human in nature, and suited to the needs of the handicapped".(4)

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(1) *L'intégration de la personne handicapée — État de la situation*, Secrétariat des conférences socio-économique du Québec, 1981, p. 88.

(2) *L'intégration de la personne handicapée — Rapport*, Secrétariat des conférences socio-économique, 1982, p. 184.

(3) *Proposition de politique concernant les jeunes adultes et adultes inadaptés*, ministère des Affaires sociales, 1974, p. 32.

(4) *Livre blanc — Proposition de politique à l'égard des personnes handicapées*, ministère des Affaires sociales, 1977, p. 30.

- These actions allowed one to believe in, or at least to hope for, a fairly rapid development of plans for accommodation of a more human nature. However, in the years that followed the implementation of these plans, they have more or less come to a stand-still. Presently, they are woefully insufficient for the very nature and extent of the needs. Responsibility for establishing them is not clearly defined. On the other hand, a large proportion of our institutional resource is in hospitals for the chronically-ill which are not designed to look after the real needs of the handicapped. The following data is particularly revealing in this regard.

Persons with intellectual impairment

As of March 31, 1980, 4,672 persons with intellectual impairment were accommodated in rehabilitation centres of an institutional nature while 484 were living in group homes(5). In these centres, the proportion of administrative staff and support staff compared to intervention personnel was 1 to 2.1.

As of March 31, 1981, 3,433 mentally handicapped persons were accommodated in psychiatric hospitals; 29% of these persons had a slight to moderate impairment; 23% had lived there less than 4 years while 65% had been there for more than 10 years; 45% were under 34 years of age. On the same date, 176 persons, about 5.6% of the total number, had been there for less than one year while twelve months later, on March 31, 1982, 240 persons or about 6.9% were still in their first year. These figures show that not only do mentally impaired persons continue to be admitted to hospital, but that their number is increasing rather than decreasing(6).

Persons with psychological and emotional problems

We have very little data on these people: we do know that 7,400 of them are in psychatric hospitals. There has been a very striking change during the last few years in the trend to have patients return to their own environment.However, this definitely does not mean an improvement in the living conditions of these ex-patients of psychiatric hospitals. No support service has been set up to assist them and no follow-up is assured. They are now boarders in rooming-houses, at the mercy of the manager or other roomers who are not really interested in their well-being. Some of them return periodically to the hospital.

Persons with physical impairment

The physically impaired make up a part of the 59,579 adults accommodated through the various resources of the ministère des Affaires sociales, including foster homes. A small fraction of these are living in rehabilitation centres; ten establishments which allocate $3,000,000.00 annually to housing out of a total budget of $22,000,000.00; 42.5% of their services are offered on an out-patient basis(7). The others are in homes for the elderly, extended care hospitals and certain departments of other hospitals.

The physically impaired are divided among the various resources in a sort of haphazard fashion, without considering their needs or the purpose of the establishment(8). Many of them would like to leave, but there are not enough resources outside to fulfil their needs. To fully understand their situation in regard to housing, we must add some details:

- living conditions in establishments, particularly those having to do with respect for the dignity, privacy and independence of the person;
- policies and programmes aimed at developing the potential of the individual for integration into the community.

At the present time, there is no study on this question, but the fact remains that steps taken in the medium-size or large establishments do not place any emphasis on these two aspects. Some progress has been made to make daily life in certain homes more humane, but, on the whole, we can safely say that, in institution-type establishments, respect for the fundamental rights of the person takes second place to the administrative rentability.

In December 1981, the Government of Québec wanted to change this situation by modifying certain legislative procedures to officially recognize the role of the Committee of beneficiairies in the establishments. However, the power of these Committees is limited to representing the beneficiairies, participating in the organization of recreation, and advising the Board of Directors on matters related to the person's stay in the establishment. Furthermore, despite efforts of the ministère des Affaires sociales to develop residential resources of a more humane nature, an institutional aspect still prevails.

In 1980, 6,923 adults and 16,437 children were living in foster homes in Québec. In 1978, *Oper-*

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(5) Rapport de la table Hébergement-Logement, p. 61.

(6) Data from the ministère des Affaires sociales.

(7) *L'intégration de la personne handicapée — État de la situation*, Secrétariat des conférences socio-économique du Québec, 1981, p. 93.

(8) *L'intégration de la personne handicapée — État de la situation*, Secrétariat des conférences socio-économique du Québec, 1981, p. 93.

ation 30,000, undertaken by the ministère des Affaires sociales to make a census of children placed in foster homes, counted 4,067 children with impairments. A similar study for adults has not been done. The foster home is often an interesting alternative for life in a more normal environment, although it is difficult to recruit these homes for the handicapped. Prejudice, lack of knowledge about the needs of the handicapped, inadequate training programmes, the inaccessibility of homes — all these stand in the way of this recruitment.

Even if the Department attempts to direct its policies to make foster homes truly a factor in social integration, some of them are not healthy places for the handicapped. For example, in areas which are socio-economically poor, and in rural areas in particular, the income derived from having a foster child often becomes the main factor against a good result from this action. In rural areas, teen-agers and adults so placed are often cheap labour from which the foster family can profit. Moreover, while the foster home may be a good atmosphere for a child, it might be a situation where an adult remains dependent. Certain families which receive several children or adults may become like institutions on a small scale, where services and human relationships are provided in the same way.

The ministère des Affaires sociales has given the task of administering the foster home policy to the Social Service Centres. They regularly revise the situation of the boarder. They are presently developing training programmes to help families when they take this step. The Department grants to each family a daily rate which is revised every year; families taking a child or an adult with an impairment are eligible for a supplement.

THE COMMITMENTS OF THE SOCIO-ECONOMIC CONFERENCE

MINISTÈRE DE L'HABITATION ET DE LA PROTECTION DU CONSOMMATEUR:

- starting from 1982, to bring up to 500 the number of dwellings affected by the Rental Supplement Programme;
- to continue modifying low rent housing and to build new places in accordance with universal accessibility standards(11).

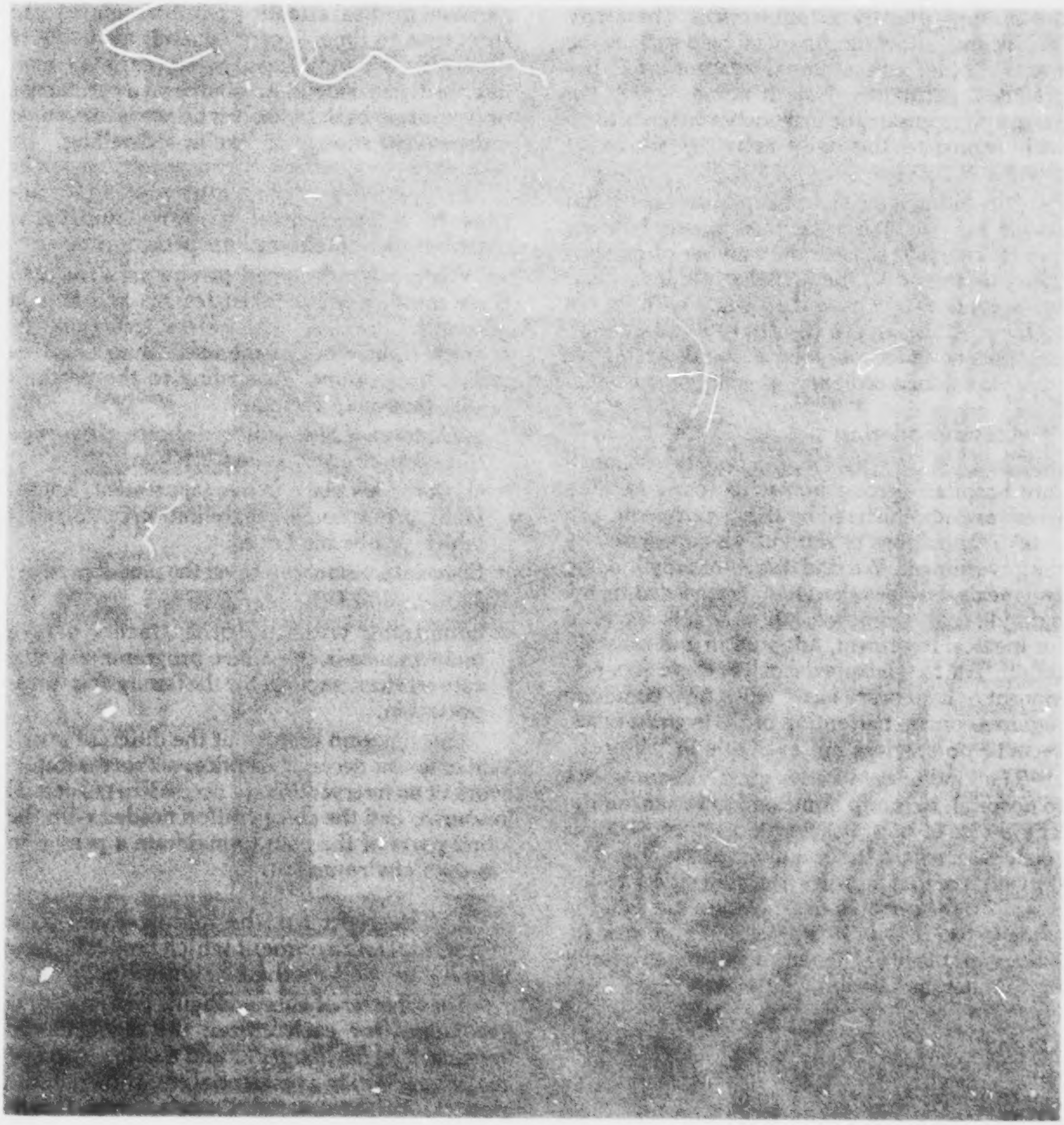
CONSEIL DE LA COOPÉRATION:

- to make those people involved with co-operatives in Quebec aware of the very real problems of the handicapped, especially regarding housing.

MINISTÈRE D'ÉTAT AU DÉVELOPPEMENT SOCIAL:

- to involve promotional organizations in the definition of standards for the quality of services offered in reception centres, in controlling the enforcement of these standards for a good life, and also in opening these centres for people, in general, and for the community!

The objectives



Definition of clientele and residential resources

Resources needed to fill all the needs of the handicapped are divided into three large categories.

Dwelling

This means an apartment or a house similar to a family residence managed by a handicapped person, alone, or in conjunction with the people who share the dwelling. One handicapped person or more can live there in an independent manner but supported by certain services. These may include the following: financial help such as the rental supplement, physical adaptation of the premises, permanent help at home to help the person compensate for his functional limitations with regard to the daily activities where he lives(9).

A dwelling is different from other residential resources in that it is more like ordinary housing due to its actual size, to the number of persons living there and to the fact that the individual has a chance to choose the people with whom he lives. According to the extent of adaptation implemented specifically for the handicapped, we must also discuss ordinary, or adapted, dwelling.

Accommodation

These are the rehabilitation centres, extended-care hospitals, group homes or foster families which are administered by the government, private organizations or individuals supervised by the government. We find there not only lodging and meals, but also the assistance needed by the individual. In some cases, there are also services for medical treatment, adaptation and rehabilitation. The handicapped can live there on a permanent or temporary basis, when their condition requires constant attention or, as in some cases, because no services are available in the area.

The kind of care varies greatly from homes to hospital, to group home and to foster family. The choice of one of these places must be made solely with regard to the individual situation and the extent of that person's needs. Restrictions imposed by the services organization are more in evidence there than in a dwelling, and their influence on the life of the residents must be limited as much as possible.

Intermediate Resources

By this, we mean single residences or supervised apartments which are similar to dwellings because of the number of people who live there and the actual size of the units, but which maintain some ties with accommodation resources such as a rehabilitation centre.

These resources are administered by the centre which also offers assistance to the handicapped in accordance with the functional independence of each one. The resources are meant for people who are sufficiently autonomous to leave the centre, whose condition does not need constant medical attention but still requires care from time to time — care which is available at the centre. A handicapped person can stay in an intermediate residential resource on a permanent or temporary basis, whatever he needs to become independent enough to live in a dwelling.

1. Availability of an intervention for access to a residential resource within a maintenance-in-the-milieu programme

When a handicapped person asks for help there must be steps taken for his access to a residential resource. These steps, generally, fit into the framework of the maintenance-in-the-milieu programme. According to the person's needs, they may include:

- evaluation of his needs and choice of the type of residence most suited for him;
- choice of his place to live (apartment, house, HLM, group home, rehabilitation centre, etc.) which fulfills his hopes;
- financial assistance to cover the rent, if need be;
- adaptation of the premises;
- combining with the other facets of the maintenance-in-the-milieu programme: home care services, support for the family and transportation.

This diagram points out the different possibilities for the necessary services within the framework of an intervention for access to a residential resource, and the co-operation needed with the other parts of the plan to maintain a person in his own environment.

2. The right for the handicapped to a residential environment which respects their dignity as well as their private life

The Charter of Human Rights and Freedoms recognizes for each citizen the right to *the safeguard of his dignity*... and to *the respect of his private life*. In a residential environment, the respect for these two rights is an essential condi-

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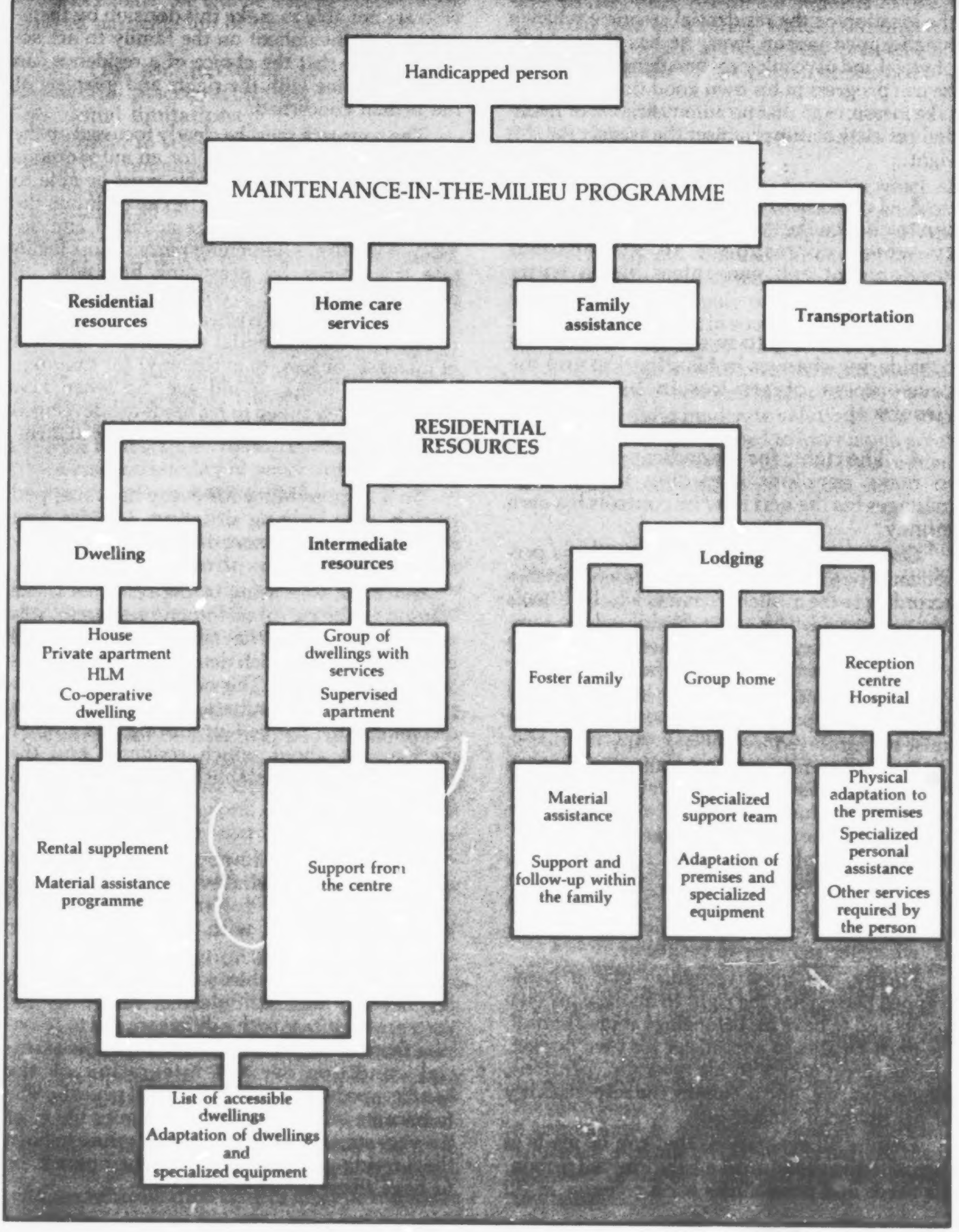
(9) See Chapter 10, *Home care services*, for personal help.

INTERVENTION FOR ACCESS TO A RESIDENTIAL RESOURCE


Handicapped person
MAINTENANCE-IN-THE-MILIEU PROGRAMME
Residential resources
Home care services
Family assistance
Transportation
RESIDENTIAL RESOURCES
Dwelling
Intermediate resources
Lodging
House
Private apartment
HLM
Co-operative dwelling
Group of dwellings with services
Supervised apartment
Foster family
Group home
Reception centre
Hospital
Rental supplement
Material assistance programme
Support from the centre
Material assistance
Support and follow-up within the family
Specialized support team
Adaptation of premises and specialized equipment
Physical adaptation to the premises
Specialized personal assistance
Other services required by the person
List of accessible dwellings
Adaptation of dwellings and specialized equipment

tion to the emotional stability and to the harmonious growth of a person. It implies that he can live as he wishes, according to his own values, meet the person of his choice, have a sexual life with the partner of his choice, etc... Whatever the location or the residential resource where a handicapped person lives, he has the right to physical and psychological breathing space where he can progress in his own good time. We must take measures so that no administrative or financial restriction compromises the respect for this right.

3. The possibility for a handicapped person to choose the type and place of occupancy which corresponds to his optimal development and guarantees him a better quality of life

The possibility to re-evaluate this choice considering changes in his situation and the development of services in his own environment

4. The right, for a handicapped person, to make decisions regarding the way he manages his life and how he controls his own money

Once he has chosen his place to live, a person must be able to organize his life as he wishes according to the available services which he needs whether provided by an establishment or a community resource. This means that services are at the disposal of the client and not otherwise.

A greater individual liberty in the choice of activities and participation in community life must be reinforced by policies. Any restriction not justified in the organization of services which the residents need, must be avoided. We must reduce as much as possible the ones which are necessary in the supplying of services. This implies, for example, a flexible schedule for meals, removing any restrictions on moving about, such as doors locked at night, etc. This also implies the possibility to furnish his quarters as he wishes, whatever the type of residence.

Finally, we must recognize that a handicapped person has the right to manage his own affairs and to have his belongings at his disposal. He must be able to administer his own budget, having direct access to his revenues, pensions, allocations, etc. and assuming the responsibility of his financial obligations.

Despite all evaluations that can be made in regard to the situation of a handicapped person, his needs and possibilities for a resource to fill them, this person is still, effectively, the best one to make the decision. Like all independent and responsible individuals, he is entitled to choose his residence, according to the possibilities which are available. In the case of children and adults who are not able to make this decision by themselves, it is incumbent on the family to act accordingly so that the choice of a residence can be made in line with the rights and interests of the person concerned.

The approach must be clearly focussed on the person and his possibilities for an autonomous life within the community. He must be able to choose a place to live where he can maintain the functional autonomy he has acquired and develop it further. Intervening parties must facilitate this choice by providing him with all pertinent information to consider. Furthermore, each time that he so wishes, he must be able to re-evaluate his residential situation in the light of increase, or loss, of autonomy; for example, progressive illness or old age. So when new resources better suited to his needs are developed in his own milieu, he should have access to them.

5. The possibility for every handicapped person, in a lodging situation, to take part in decisions that concern him, preferably by means of the group of beneficiairies

Since the well-being of the residents is the "reason for being" of all lodging resources, it is very important that they always take an active part in decisions which determine their policies and their operation. This participation can take place through committees of beneficiairies as recognized by the law or through any other mechanisms about which residents and the management of the establishment will be able to agree.

6. The recognition by the community of all handicapped, whatever their differences and the possibility for them to reside, and be in close contact, with the citizens of their community

The community must keep an open mind, in its ideology and attitudes, in regard to the presence of citizens with a difference and to recognize them as fellow members. This is the essential condition for the integration of the handicapped into society. They will never be able to become integrated into community life if, at the very start, their fellow citizens refuse to have them residing in their district or their parish, or to have them as neighbours.

Through regular and continuous contacts with the handicapped, their fellow citizens will learn to see, beyond their differences, all the things they have in common. By considering them as equals, we will be able to acknowledge the full participation of the handicapped.

7. The architectural accessibility of residential places, according to all types of functional limitations

In order to select a residential environment within the community, one must be able to move around normally. It becomes necessary therefore, to eliminate all obstacles which limit access for any handicapped person, whatever his impairment or the extent of his functional limitations.

We are not talking about making all Québec homes accessible to the handicapped but about removing the architectural barriers which prevent a handicapped person from selecting the residence which best suits his needs and facilitates his social integration. There must, henceforth, be accessible dwellings in all communities to enable the handicapped to take up residence there. Universal accessibility of public residences as institutions, group homes, HLM, etc. must be guaranteed.

But, if we take into account the ageing of the population, it would be very suitable as well as economical to revise the building standards for residences in order to make them conform to the universal accessibility standards.

8. The access to all programmes for dwelling, subsidized according to needs, for all categories of handicapped persons

In dwelling programmes subsidized by the government, we must eliminate all discrimination expressed or implied, as well as direct or indirect obstacles with regard to criteria for access, registration procedures, etc. The information on these programmes must reach all interested parties through a media which is adapted to them.

9. The information and training of intervening parties for residential services with regard to the needs of handicapped persons

It is important that all intervening parties, in the field of residential services (builders, architects, personnel from Municipal Housing Offices, governmental programmes, etc.) be informed of the particular needs of the handicapped, whatever their impairment might be.

In the same way, the personnel of the homes and the rehabilitation centres must be trained to direct their action towards the person's potential development and towards maintaining him in his own natural environment. They must also respect the private life and the dignity of the person, so they must realize the importance of not imposing their own values, within their intervention, values which are their very own and not necessarily those of the person concerned.

10. Maintaining the handicapped in their milieu

We must give priority to resources which allow the handicapped to remain in their environment or to return to it. Budget policies and allowances should stimulate the development of dwelling or lodging units which are as similar as possible to the family ones or group families that we usually meet in society. We must reverse the present tendency to place most of the handicapped in large institutions where an unwieldy infrastructure of services takes precedence over more flexible and moderate solutions. We must encourage the handicapped to have much greater control concerning the choice of their residential environment and living conditions.

11. Local self-sufficiency with respect to dwelling and lodging needs for the handicapped

In order that a handicapped person may find, in his environment, the residential resource that corresponds to his needs, it goes without saying that it must exist. In each region, it is important to satisfy all the dwelling and lodging needs of the people who reside in the area. The governmental policy will aim at giving each region the necessary resources to develop a complete package of necessary services.

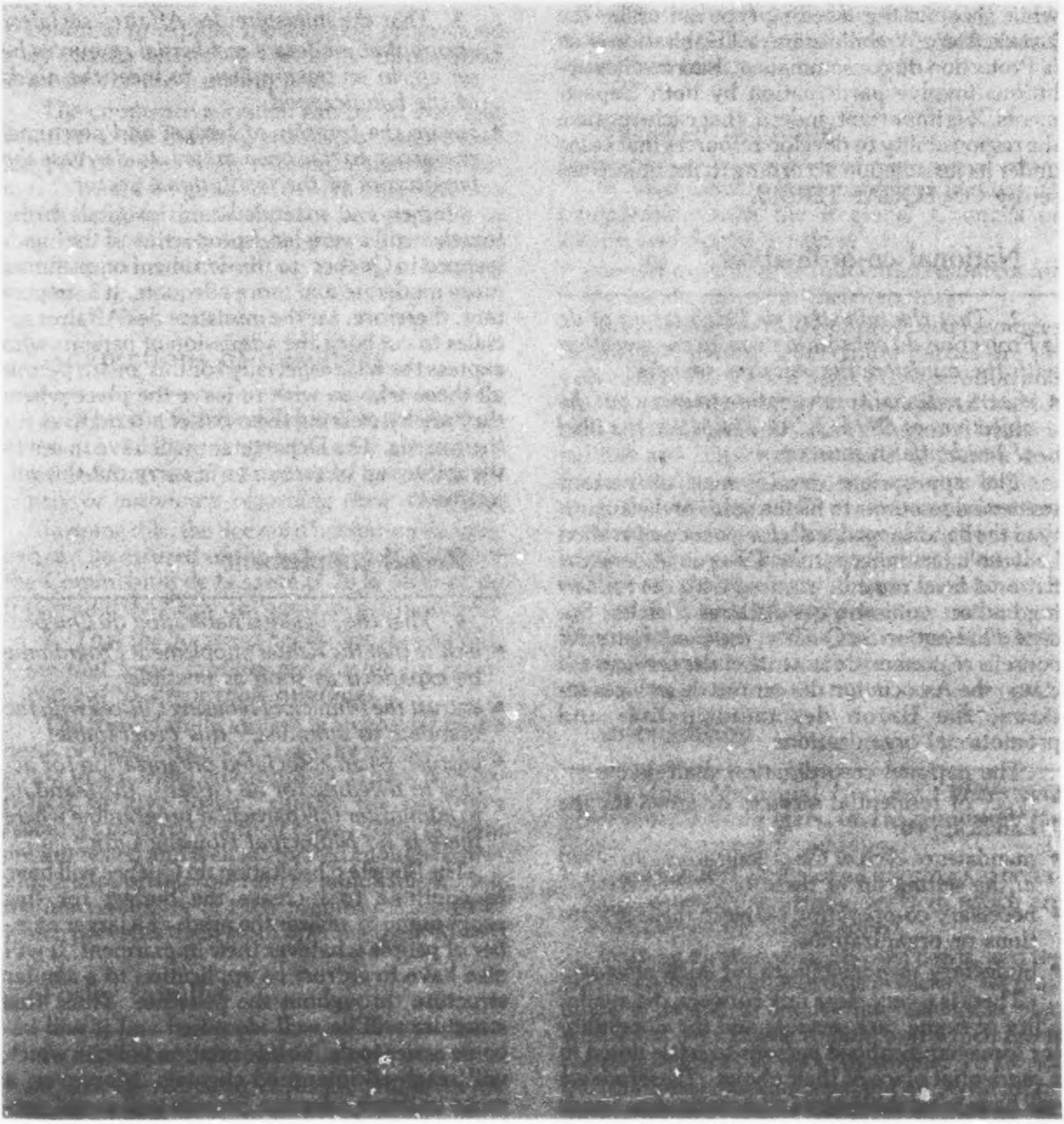
12. Allocation of lodging and dwelling resources for the handicapped over all the territory covering a region, a city, a district

The allocation of residential resources over a given territory is very important. On the one hand, concentration in a confined area prevents a handicapped person from moving somewhere else; on the other hand, by grouping people together, like the handicapped, in their need for accessible dwellings or lodgings we bring out into the open some of the problems of the institution; a community of interests is created artificially which can become an obstacle in itself to the integration of the handicapped with all their fellow citizens.

13. Complementarity and co-ordination between establishments and networks in order to answer the residential needs of the handicapped

To fulfill the particular needs of each handicapped person, the necessary resources range from the institution to the dwelling, going through a series of solutions which the person can use to compensate for his functional limitations. The continuity and progression of this entire range of services requires a complementarity and co-ordination between various intervening parties from the rehabilitation centres, Municipal Housing Offices, Local Community Services Centers, concerned departments, promotional organizations, etc. in planning as in the supply of services. These intervening parties will have to speak clearly at the local, regional and national levels and to use their decisional power in order to be effective. They will also be a source of privileged information for the setting up to future policies.

Recommendations



A resource package

1. *That the ministère des Affaires sociales and the ministère de l'Habitation et de la Protection du consommateur:*

- *develop and ensure the availability of residential resources needed by the handicapped.*

The ministère des Affaires sociales and that of l'Habitation et de la Protection du consommateur must assume a great responsibility in setting up a comprehensive residential resource for the handicapped. Residences of the lodging type come under the ministère des Affaires sociales while those of the dwelling type are under the jurisdiction of the ministère de l'Habitation et de la Protection du consommateur. Intermediate solutions involve participation by both Departments. It is important, indeed, that each one take the responsibility to develop resources that come under its jurisdiction according to the objectives set by ON EQUAL TERMS.

National co-ordination

2. *That the ministère de l'Habitation et de la Protection du consommateur, in co-operation with the ministère des Affaires sociales:*

- *ensure national co-ordination to carry out the objectives of ON EQUAL TERMS in the field of residential resources.*

The appropriate development of various residential resources to fill the needs of the majority of the handicapped, calls for close co-operation between intervening parties. Co-ordination at the national level must be ensured with the following bodies: ministère des Affaires sociales, Société d'habitation du Québec, the Conférence des conseils régionaux de la santé et des services sociaux, the Association des centres de services sociaux, the Union des municipalités and promotional organizations.

The national co-ordination shall define:

- types of residential services designed for the handicapped;
- mandates of each of the organizations involved in the setting up of these types;
- necessary co-operation between these institutions or organizations;
- budgetary responsibilities for each network.

There is a very close link between the availability of home care services and the possibility for some handicapped persons to settle down in a residential place of their choice. Therefore we will have to establish close and continuous bonds between the persons in charge of residential services and those responsible for home care services, at the national as well as regional and local levels.

Taking into account its responsibility with regard to the housing of all citizens, the ministère de l'Habitation must assume the leadership of this co-ordination. It must ensure the co-operation of the ministère des Affaires sociales and its network for all maintenance services.

Moderate resources

3. *That the ministère des Affaires sociales:*

- *ensure that moderate residential resources be set up, in an open milieu, to meet the needs of the handicapped;*
- *ensure the transfer of budget and personnel resources, to this open milieu, to decrease the importance of the institutional sector.*

Homes and extended-care hospitals bring together still a very large proportion of the handicapped in Québec, to the detriment of resources more moderate and more adequate. It is important, therefore, for the ministère des Affaires sociales to cut back the admission of persons who express the wish especially for this and to permit all those who so wish to leave the place where they are by offering them better alternatives for their needs. The Department will have to see to the setting up of resources to carry out this objective.

Rental supplement

4. *That the Société d'habitation du Québec:*

- *ensure that the Rental Supplement Programme be expanded as soon as possible;*
- *entrust the Municipal Housing Offices with the mandate to administer this programme;*
- *entrust, to an associated organization for access to dwelling for all citizens, the mandate to administer this particular programme where there is no Municipal Housing Office.*

The Société d'habitation du Québec will have to continue to increase the budget for this programme to answer the needs of a larger number of people whatever their impairment. It will also have to entrust its application to a similar structure throughout the province. Thus, this structure will be well identified and it will become easier to define information policies which will reach all interested clientele. Moreover, a more uniform selection process will avoid persons with certain types of impairments of functional limitations being favoured to the detriment of others. The Municipal Housing Offices, or organizations concerned with access to dwelling for the majority of the citizens, will have to assume this responsibility.

Logipop

5. *That the Société d'habitation du Québec, in co-operation with the Conseil de la coopération du Québec and the Société du développement coopératif:*

- *continue to expand the Logipop programme by giving special attention to information meant for the handicapped.*

The cooperative system can be an excellent solution to the dwelling problem of some handicapped persons, while respecting their autonomy. It would be good to involve organizations which work in the field of the co-operative so they can lend technical support to groups of handicapped who wish to create a housing cooperative.

Adaptations of dwellings

6. *That the Société d'habitation du Québec:*

- *finance dwelling adaptations for all persons limited functionally by physical barriers in the way of autonomy regarding their dwelling.*

In doing this, the Société d'habitation du Québec can be assured of the help of the OPHQ, of the Commission de la santé et de la sécurité du travail and the Régie de l'assurance-automobile.

7. *That the Société d'habitation du Québec:*

- *see that foster families are eligible for financial aid to adapt their dwellings.*

The foster family system is an answer to the needs of those persons who require support while living in a normal environment. There is every reason to give foster families the necessary resources to carry out their tasks. Some of them are interested and well motivated enough to provide a supporting role for the handicapped, but the inaccessibility of their premises is a barrier which prevents them from opening their homes.

Foster families

8. *That Social Services Centres:*

- *increase the recruiting of foster families for the handicapped;*
- *give foster families better support in terms of training and a better follow-up to allow them to function more adequately;*
- *detect inappropriate situations in foster families to make the necessary corrections.*

A certain number of foster families could offer a favourable environment for the development of the handicapped. But, some refuse to face the possibility of accepting this role because of ignorance of the situation of the handicapped as well as the nature and extent of the support they require. For this reason, the Social Services Centres must expand the recruiting of foster families for the handicapped by distributing information designed to put an end to prejudices and unjustified fears.

Regional planning

9. *That County Regional Municipalities, in co-operation with the Regional Councils of Health and Social Services:*

- *plan the expansion of residential resources for the handicapped, in their territory.*

Broadening the range of proposed resources means that various intervening parties are involved and that a great deal of co-operation and also of complementarity at the regional and local levels is required. County Regional Municipalities and Regional Councils of Health and Social Services will have to co-operate in planning the development of a comprehensive residential resources package for the handicapped. They will draw up a regional plan, they will create the necessary co-operation to set it up and will facilitate information exchanges. They will have to work in close co-operation with the co-ordinators of home services.

Information

10. *That Municipal Housing Offices and other organizations mandated to administer the Rental Supplement Programme:*

- *ensure the availability of all information necessary regarding residential services which are available to the handicapped.*

With an awareness of his own needs, and the possibility for feeling welcome in society, we must allow a person to choose the residential plan which is most suitable to him, and which meets the requirements of his programme. To do so, the Municipal Housing must put all pertinent information on available resources, at the disposal of the parties concerned in a media accessible to them.

Living conditions

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11. *That the gouvernement du Québec:*

- *amend the Act respecting health services and social services to allow the beneficiairies committees from the establishments to participate in the management of all activities which exert an influence on the living conditions for residents.*

Living conditions within the establishments are a very important factor in the well-being of the residents and they must have as much influence as possible regarding them. Consequently, the beneficiairies committee must work closely with management on all matters which influence their living conditions. The attitude of the management and staff of the establishment must help to create an environment which meets the expectations of the residents.

10.
Home Care Services

Introduction

No serious discussion about integration for the handicapped can take place without including the services they need to live, as independently as possible, in a normal home environment. Access to home care services for those who need them will depend upon some wise decisions. This area, above all, should have top priority for development. We must find effective means to assure that the handicapped will reap the greatest benefit from investments so urgently needed to make some progress in this field.

The services which the handicapped need for integration or to live at home will be the topic of discussion(1). Home care services constitute only one part of those required to make it easier for the handicapped to remain at home. Services in several other areas, too, are a prerequisite: for example, programmes ensuring that accessible dwellings be available as well as services for adaptation or rehabilitation. Moreover, it is not enough just to allow a person to remain at home or to leave institutional care; he must also be able to participate in the activities of his community while the conditions for his participation are being adapted.

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(1) For family needs, see Chapter 11, *Family assistance*.

The situation

Some blatant inequalities are apparent in the area of access to home care services, which the handicapped need for integration and remaining in a normal home environment. Those who receive benefits from public insurance programmes find that their needs are more fully satisfied; such as clients of the Régie de l'assurance-automobile et de la commission de la santé et de la sécurité du travail. Persons not covered by these programmes must resort to the limited services in the organizations of the social affairs network and volunteer groups which are subsidized in accordance with the *Policy for Home Services* of the ministère des Affaires sociales. As a last resort, they may appeal to the OPHQ within the context of a service plan.

Insufficient resources force many of the handicapped to choose between imposing on their families for essential costs or going to live in an institution, when they really would like to have an independent place in society.

Collective Insurance Programmes

The Commission de la santé et de la sécurité du travail can make a financial allowance to obtain treatment or home care for victims of work-related accidents or occupational diseases. This is usually the case when a person cannot obtain services through the social affairs network(2). The allowance is granted for a set time period, as in *temporary disability*, or for an indeterminate time, as in *permanent disability*. It is paid directly to the beneficiary for the purchase of assistance, and is calculated according to an individual evaluation of his needs. There are maximum rates for treatment and for aid. However, the persons concerned can usually obtain services sufficient for their needs and under satisfactory conditions. This satisfaction is largely due to the fact that they, themselves, choose and direct the personnel necessary for their situation. In the same way, the Régie de l'assurance-automobile can grant financial assistance, to obtain home care services, to anyone with a temporary or permanent disability resulting from a traffic accident. Here, too, an individual evaluation of needs determines the size of the grant. The programmes of these two organizations are noted for their flexibility; they are geared equally to getting the most out of the money invested and to the greatest degree of independence possible for the individual.

The OPHQ: Stop-gap assistance

The OPHQ can grant temporary material aid within the scope of its service programme. Home care services is the area which receives the most requests. The aid given must be essential to attain the goals of the service programme; it is provided only if the person cannot receive help from existing resources. The money necessary to obtain the services goes directly to the handicapped person involved. The assistance which is given is determined according to daily tasks which he cannot do by himself and also by the amount of time required for services, after an individual evaluation of what is needed. The OPHQ assumes this temporary role until suitable resources can be established. It enters the picture only after being assured by responsible organizations that these resources are nonexistant or, indeed, over-extended.

Home services of the social affairs network

The social affairs network and volunteer organizations, subsidized by the ministère des Affaires sociales, provide some home care services to the handicapped, but their resources are limited. However, the inadequacy of the resources is only one aspect of the problem.

Supplied in the health service tradition, home care services were developed in Québec initially to hasten the return home of people who have had surgery and in answer to the needs of the elderly and chronically-ill. Services provided to the handicapped by the organizations of the social affairs network, and designed for these purposes, are still based, to a very great extent, on the medical approach.

The policy of home service(3) of the ministère des Affaires sociales provided a minimal framework of services to be offered to the handicapped. The Department recognizes this clientele as having some priority and attaches considerable importance to living at home as a means of promoting the integration of the handicapped into the community. Despite this added dimension, the already-established services do not really fit the needs of the handicapped who need them most. This situation is even more serious since it runs the risk of jeopardizing the objectives of living at home and maximum integration of the handicapped into community activities.

(2) Study by the Fédération des CLSC du Québec: *La problématique du versement direct de sommes d'argent par les CLSC à des personnes handicapées (ou d'autres clientèles) pour leur permettre d'acheter les aides dont elles ont besoin pour vivre à domicile*, mai 1982.

(3) *Les services à domicile, ministère des Affaires sociales*, 1979.

At the present time, the services are distributed by different organizations: local centres of community services, social service centres, departments of community health, and certain rehabilitation centres. Some organizations outside the network, volunteer or otherwise, do give some home services and are subsidized by the Department on the recommendation of regional councils of health and social services.

With the exception of some isolated occasions when the person himself bought the services, the handicapped rely on the availability of personnel connected with these organizations (nurse, family helper etc.). These services are very often distributed using guidelines which are designed to fit in with administrative restrictions rather than with the genuine needs and lifestyle of the person. Rigid schedules, moreover, encroach upon the right of the handicapped to lead a normal life; for example, to eat and go to bed when they want to. In spite of some interesting experiences and some progress in this area, services offered by the organizations of the social affairs network still are frequently provided in a manner not suited to the quality of life desired.

The rather wide-spread lack of personal evaluation of the needs of the handicapped requiring home care services, shows that this is very true. Several weaknesses are apparent in the present-day organization of home care services which are available through the intervention of the regular network. On the one hand, there is ignorance of the needs of the handicapped, and, on the other, the failure to define the types of services required to fill them. In addition, present policy neglects the handicapped with serious functional limitations; it inclines toward people with certain types of needs, or who need a limited number of hours for assistance (four to five hours a week). This situation gives preference to the handicapped with an already fairly high degree of functional independence.

It is much easier to obtain home nursing care which usually requires a limited number of hours of treatment. But such services cannot answer most of the needs for home care services for the handicapped.

Moreover, the organizations of the network, and many outside the network, pay no attention to the needs of those with a mental impairment. This occurs in spite of the fact that they are officially recognized as a clientele with the right to services, in the policy of the ministère des Affaires sociales and that they make up a very large proportion of the total number of the handicapped.

The inadequate training of personnel connected with the organizations of the network directly influences the quality of the services which the handicapped receive. They, themselves, must often describe to personnel the best methods to use, for example, for necessary physical assistance.

According to the policy of the Department, those providing home services should be well publicized in each region and should co-ordinate the efforts of the other authorities involved in the same field. However, reality hardly conforms to the policy guidelines. The organization of choice in the supply of these services is the local community service centre. On the other hand, since, they are not fully established, the lack of co-ordination and cooperation among organizations is often more evident in regions where there are fewer.

Organizations responsible for providing home services to the general public often tell the handicapped that they must go "elsewhere" to find what they need. The methods of allocation and restricted budgets for home care in many areas do not always guarantee to the handicapped that these services will be available and ongoing. At present, it is impossible to determine how much of a budget is used to offer home care services to the handicapped. Under these circumstances, it is difficult to be sure that these people are receiving their fair share, and that the money is not being used for other purposes, for example, in assisting others who also have priorities.

A part of the total budget allocated to home services by the Department is granted to volunteer organizations so that their role will complement that of the network organizations. Some of them can apply to Community Development Projects of Canada in order to offer services to the handicapped, granted that resources available through the usual financial channels are inadequate.

The important issue regarding the size of budgets allocated to home services should not be overlooked. The approximate budgets for the fiscal year 1982-1983 are:

ORGANIZATIONS	MILLIONS
C.L.S.C.	24,44
D.S.C.	16,36
C.R.S.S.S. (for redistribution in the area)	15,28
C.S.S.	7,33
Volunteer organizations	3,65
Total	67,06

This total of approximately 67 million dollars seems fairly large; but, we must not forget that this is money allocated to home services in general, and that the handicapped benefit from a small part of it only. Moreover, the total amount of this budget is small compared to the huge sums allocated for lodging.

THE COMMITMENTS OF THE SOCIO-ECONOMIC CONFERENCE

MINISTÈRE DES AFFAIRES SOCIALES:

- to re-evaluate the methods of application and provision of home care services.
- to consider giving money directly to the handicapped themselves, for the direct purchase of services.

This last commitment received the support of the Conférence des Conseils régionaux de la santé et des services sociaux, of the Association des centres de services sociaux, of the Fédération des centres locaux de services communautaires, and of professional corporations.

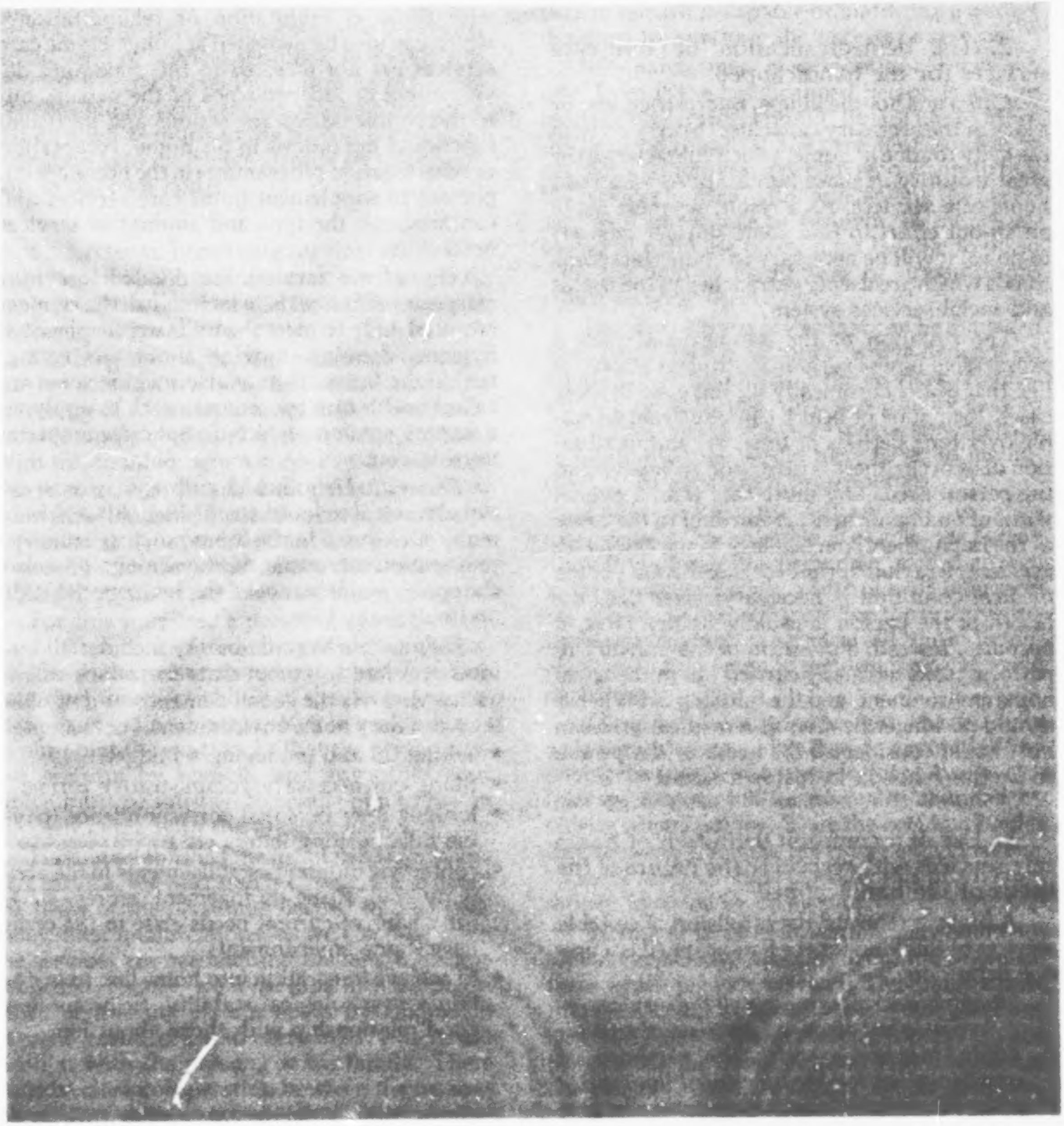
CONSEILS RÉGIONAUX DE LA SANTÉ ET DES SERVICES SOCIAUX:

- to encourage and promote any effort towards the supply of home care services demanded by the promotional organizations, as well as to validate the present services.

PROFESSIONAL CORPORATIONS:

- to work with the promotional organizations to establish a training programme for personnel who will provide home care services to the handicapped.

The objectives



1. Access to home care services for all handicapped persons according to their needs

Present access to these services varies a great deal in relation to the cause and the type of impairment, as well the extent of the person's functional limitation. This situation must be corrected by well planned development and availability of these services for the handicapped who need them. Independence in managing at home is essential for social integration. Participation in community activities and a sense of personal well-being may be only wishful thinking if the necessities for remaining at home are not forthcoming.

2. The "demedicalization" of home care services for the handicapped

Often it is not the illness, but restrictions, or a lack of the necessary capacities to carry on with the daily routine at home, which characterize the great majority of those handicapped who need home care services. As a result, we must make an all-out effort to find some suitable answer; to do so, it will be necessary to counteract some trends which are deeply entrenched in the health and social services system.

The situation of the handicapped with a progressive illness such as multiple sclerosis, is like that of the chronically ill; but even in these cases, their state of health can often remain stable over long periods of time. When this situation does occur,there is no reason to believe that the person needs any more care than a person without an impairment. According to the cause of the impairment, particularly in the case of an accident, a period of time for stabilization of the medical condition is necessary; after this, the health of the person is usually stable. Thus, it becomes, instead, a question of the inability to perform tasks normally carried out in the usual home environment, and the fulfilling of his needs should no longer be seen as a medical problem but should consider all the needs of the person so he can function in his own home.

3. Use of a common definition of home care services with respect to the nature of the needs of the handicapped

A first step toward the provision of suitable services of this kind for the handicapped is a precise definition.

Home care services means all the services required by a handicapped person and provided in his home, with the purpose of compensating for his functional limitations vis-à-vis daily life activities normally performed to maintain himself in an ordinary home environment.

Home care services, generally, serve to compensate for the lack of capacities of a handicapped person during a specific period. Needs can change with time; for example, if a person is following a programme for adaptation or rehabilitation to develop independence in his activities at home, or even if a handicapped person becomes less independent because of a progressive disease; and, too, the home care services have the advantage of being relatively permanent and on-going.

However, we must not confuse these services with those of adaptation or rehabilitation(4) which can also be provided at home. Home care services are not directed to the maximum development of independence of the person, but to the compensation for serious and persistent functional limitations in his home. Adaptation or rehabilitation programmes in the home are important to supplement home care services and can minimize the type and amount of services needed.

Home care services are divided into four categories. *Physical help* includes all the services required daily to meet the basic needs: personal hygiene, dressing, moving about and eating, within the home. It may also include some so-called health care procedures, such as applying a urinary condom, which do not require special nursing care.

Domestic Help includes all regular or occasional services to look after household tasks normally performed in the home, such as laundry, preparation of meals, dishwashing, grocery-shopping, maintenance of the home both inside and out.

Help within the community includes all services required to compensate for a lack of capacity vis-à-vis the social demands of daily life in an ordinary home environment. For example:

- setting up and managing a budget;
- filling out necessary administrative forms;
- looking after personal correspondence (paying bills, writing letters etc.);
- contacting different establishments in the area (City Hall, Régie du logement, stores, etc.), for whatever current needs arise in the ordinary home environment;
- to achieve integration into home life, to maintain a psychological stability, to promote a good relationship with those about him.

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(4) See the definition of adaptation and rehabilitation in Chapter 6.

Excluded are services related to recreation, transportation, community action or group advancement which are complementary to home care services.

Health Care includes all specialized nursing services and paramedical services provided in the home by nursing or technical personnel to look after an impairment.

4. The development of home care services to fill both the needs of the handicapped already living at home and those of the handicapped who wish to leave institutional life

This distinction is not necessarily important for the kind of services required; however, it is vital for a better social integration of the handicapped. Home care services must be available and directed as much to the person living in an institution as to the person already set up to function in his own home.

5. Access to home care services within the framework of the maintenance-in-the-milieu programme following a personal assessment of the individual's needs

Defining the needs of a person as to home care services can in no way be disassociated from the reality of where he chooses to live, what support his family needs and transportation for him. With this in mind, any response to the needs of this person regarding home care services must be within the guidelines of his maintenance-in-the-milieu programme for this type of assistance and in co-operation with representatives of the three other categories mentioned.

For this purpose, a personal assessment of needs must be initiated. It must define the capacities of the person in order to make decisions regarding the exact nature of the necessary services. The main objective of this evaluation is to pin-point the exact tasks that the person cannot perform by himself, and any other need which must be satisfied to enable him to live in his own home with the greatest ease.

Having established the list of needs for home care service, the next step is to describe in detail the tasks of the personnel needed to deal with them, their qualifications, as well as how often the services are needed, and the length of time proposed. Finally, we must look into the possibility of meeting certain needs by calling on present resources and networks which are familiar with the person, or his family. There must be close co-operation between the personnel called in to assist in providing home care services and those others involved in carrying out a maintenance-in-the-milieu programme.

6. The possibility for a handicapped person to buy and manage himself, partly or completely, the home care services he needs

Individual purchase and self-management of services enable the handicapped who so wish and who are capable, to look after their needs adequately, at the same time developing independence in an organized daily life. Along with defining the needs and characteristics of the environment, we must also evaluate whether the person himself is capable of managing a budget designed to purchase the necessary services.

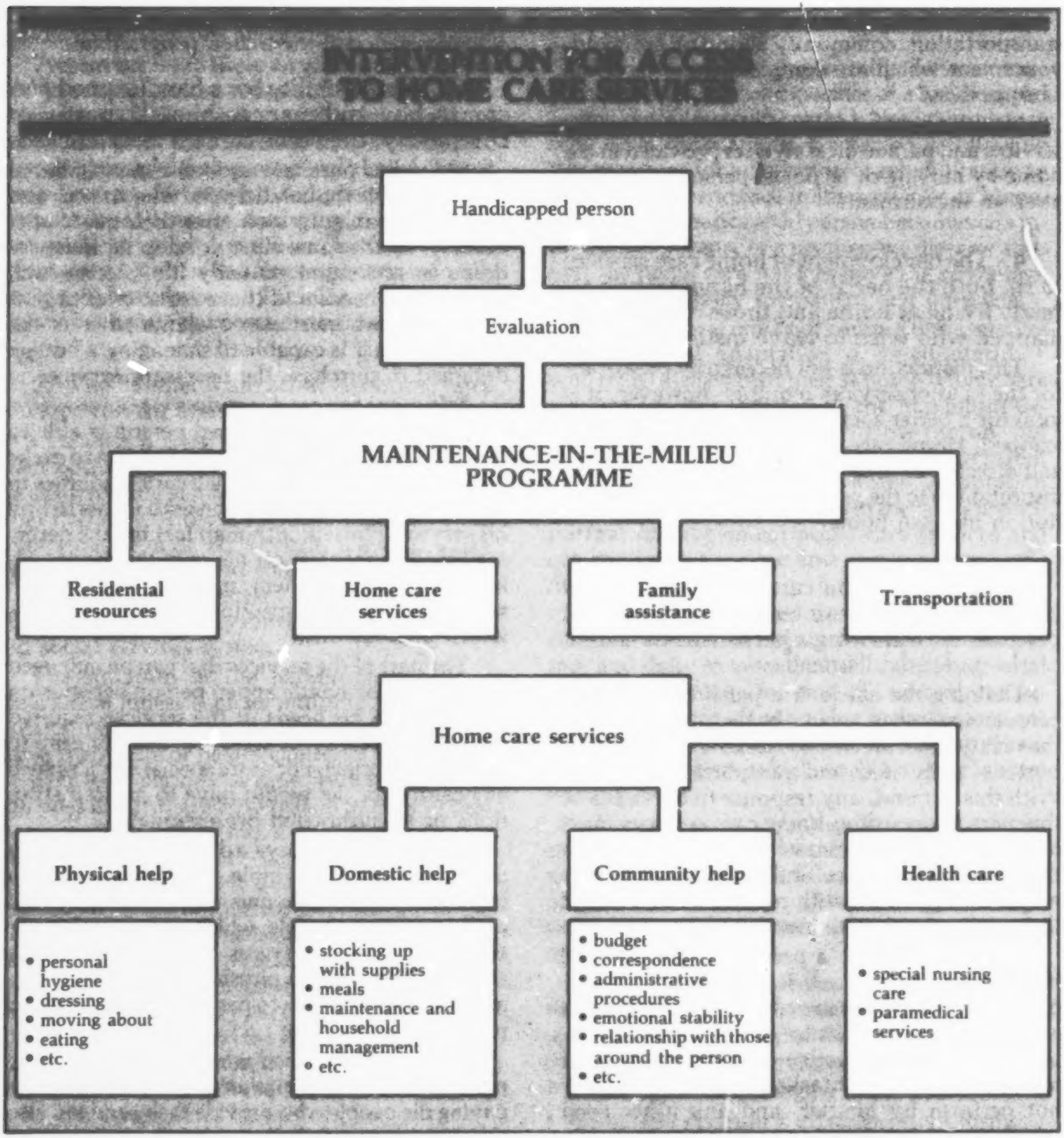
Self-management of services is not for everyone. Even if the handicapped person is able to manage his services himself, he still has to make the decision to turn to the network resources to get them. Moreover, a person who wants to buy his services himself, although lacking the necessary skill to manage on his own the money allowed to purchase them, must be able to do so with the help of institutions or organizations which provide them.

The part of the services that can be managed directly by the handicapped person depends on the nature of his needs. If the services required are of a general type, then it is usually easy to find the personnel. For more special services such as health care, he would have to go to institutions or to authorized professionals.

There are many advantages in self-management. For example, it enables the person himself to choose the personnel needed as well as the working schedule, which directly influences the quality of the services. For those very personal services such as physical aid, the individual choice of the person to perform them can avoid problems.

Those handicapped who take charge, fully or in part, of hiring, planning, co-ordinating and paying the people who provide their services, also take on responsibilities normally assumed by service organizations. Since the cost involved is thus reduced, resources providing individual purchase of services show considerable profit from money invested in this sector.

Buying of services in this manner should not take away all responsibility from the organizations which provide services. They must assure that the necessary evaluations will take place and that the home care services proposed in the programme for living at home will be suited to the person's needs. A regular check-up system must be set up and support always available.



INTERVENTION FOR ACCESS TO HOME CARE SERVICES

Handicapped person
Evaluation
MAINTENANCE-IN-THE-MILIEU PROGRAMME
Residential resources
Home care services
Family assistance
Transportation
Home care services
Physical help
Domestic help
Community help
Health care
• personal hygiene
• dressing
• moving about
• eating
• etc.
• stocking up with supplies
• meals
• maintenance and household management
• etc.
• budget
• correspondence
• administrative procedures
• emotional stability
• relationship with those around the person
• etc.
• special nursing care
• paramedical services

Recommendations

Priority

1. *That the gouvernement du Québec:*

- *consider the development of home care services for the handicapped as a priority.*

A more thoughtful use of the money actually invested in this area of helping people to live at home, will enable to meet the needs of a much greater number of handicapped persons, but this is not enough. Budgets for development are absolutely necessary to prevent the institutionalization of people who have serious functional limitations or who are suddenly without support, following, for example, a change in their immediate family. Both in the medium and long terms, a study should be done on the possibility of reallocating part of the huge sums of money invested in lodging to support living at home for the handicapped.

Policy for home services

2. *That the ministère des Affaires sociales, in revising its policy on home services:*

- *clearly define the specific needs of the handicapped and the services required to fill them;*
- *officially acknowledge the fact that the designated clientele is made up not only of handicapped living in a normal home environment, but also includes those who want to leave institutional life;*
- *define the criteria by which all the handicapped needing home care services, would have access to services provided by the social affairs network however slight the type of impairment and the extent of functional limitation;*
- *plan that a fair amount of the budget allocation for maintenance at home will be clearly assigned to the handicapped clientele;*
- *plan for data-gathering systems to analyse the budgets and services offered according to the clientele served;*
- *acknowledge that the practice of individual purchase and self-management is an appropriate way in which to fill the needs of some of the handicapped.*

Training

3. *That the ministère des Affaires sociales, the Regional Councils of health and welfare, the network organization of social affairs involved, and the professional corporations:*

- *make the necessary arrangements to offer to the personnel in charge of home care services the training required to enable them to look after the handicapped in a more efficient manner;*
- *offer support to volunteer organizations for home care to further the training of their workers.*

4. *That the ministère de l'Éducation, in cooperation with universities and colleges:*

- *include in the courses for the various professions concerned, some basic principles of training with regard to the home care needs of the handicapped.*

This training should be practical as well as theoretical. The personnel in charge must know and use special techniques to adequately meet specific needs peculiar to certain impairments. Moreover, it makes sense to increase the awareness of the nature of the needs frequently experience by the handicapped, within the larger categories of limitations. The promotional organizations must be consulted in the preparation of material for training and information.

Regional planning

5. *That each Regional Council of health and social services:*

- *co-ordinate the regional planning of home care services offered to the handicapped;*
- *make sure that those persons involved approach the whole question of home care services for the handicapped of the region in the spirit of ON EQUAL TERMS;*
- *encourage the participation of representatives of the handicapped in this planning;*
- *appoint an organization in each sub-region as the main supplier and co-ordinator to provide home care services for the handicapped.*

The present policy of the ministère des Affaires sociales recommends to the Regional Councils of health and social services that they be *responsible for setting-up and chairing one or more conferences for all the personnel from their region involved in home care services"*(5). These groups must be ready for serious discussion and representatives of the promotional organizations and agencies providing services in each subregion must attend. Moreover, it is important that the regional issue of home care for the handicapped be under a single regional authority. If not, difficulties will be encountered in designing one plan to consider all the needs. Finally, each regional Council of health and social services must make sure that there is one clearly designated authority to provide and co-ordinate such services for the handicapped.

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(5) Les services à domicile, ministère des Affaires sociales, 1979, p. 15-16.

Budgets

6. *That each Regional Council of health and social services:*

- *make sure that budgets for home care allocated to organizations of the social affairs network as well as to those outside the network which also respond to the needs of the handicapped, be used for this purpose effectively:*
- *make sure that the handicapped can obtain, on an on-going basis, the necessary money to enable them to buy and manage, totally or in part, the home care services for their own needs.*

To carry out this recommendation, a new method of budget allocation to the organizations providing services must be put into effect. It is of the utmost importance that a part of the home care budget for the handicapped should go directly to the individual. The availability of direct services and the possibility to buy them on an individual basis, cannot become a reality without suitable budget control mechanisms. One part of the budget must relate directly to the handicapped person, whether in the form of a budget allocation to the resource when he is using the services of a recognized agency, or in the form of a direct payment to the person to buy services in the private sector.

A basic budget allocation must always be made to organizations appointed to arrange services, to defray the costs of administration and of the necessary personnel providing services to the handicapped. Some services, such as treatments, must be given by professionals; so the agencies must receive the necessary money to guarantee their availability.

Local co-ordination

7. *That each local community service centre, or if there is not one, each organization designated as the main supplier of home care services in the sub-region:*

- *receive requests for home care services from the handicapped;*
- *co-ordinate the evaluation of needs;*
- *determine eligibility of the person;*
- *co-ordinate the provision of home care services in co-operation with other authorities involved;*
- *be responsible for granting money to the handicapped for the individual purchase of their services.*

This local co-ordination is essential to focus attention on individual requests from those in the area. It is essential, for carrying out this recommendation, to develop a complete network of local community service centres. In areas where these centres do not exist and in accordance with the special nature of each region or sub-region, the Regional Council of health and social services is responsible, either to assume this authority itself, or to authorize an organization or agency to take on this task.

The local community services centre, or the organization thus designated, will not be able to function effectively to co-ordinate a planned programme for home care services unless it can communicate openly with all local resources which could be called upon to assist in enabling the handicapped to live at home (Social service centre, Department of Community Health, volunteer organization, etc.). It must also be able to make referrals, to suitable resources, of those handicapped persons who need other types of home care services.

11.
Family Assistance

Introduction

The family is the primary unit in society. When a child is born with an impairment or acquires one during childhood, parents and other family members have a very important part to play in that child's adaptation and integration into community life. When an adult faces functional limitations resulting from an accident or illness, support from those who share his daily life is truly essential.

Some families, left to their own devices, cannot make the necessary adjustments or provide a sufficiently favourable family atmosphere for the adaptation and social integration of the handicapped child or adult. When this happens, the family must be able to take advantage of the various service networks and the government in general, by means of direct services and financial compensation of the additional costs incurred.

The situation

Until now, the needs of the families of handicapped persons have not been taken into consideration in any clearly defined manner. There is no comprehensive policy for the needs of families with a handicapped child or adult.

A situation which is a handicap for a family

All types of family situations are involved: it might be a child who is handicapped, or a dependent adult or, indeed, one of the adults who support the family. In each of these cases, the lack of support services or insufficient money to cover additional costs incurred to take care of the handicapped person, may cause a great deal of tension and even lead to the break-up of the family.

For example, lack of information, incomplete or wrong information about the cause of the impairment, the resultant limitations and the possibilities for adaptation or rehabilitation can create a great deal of anxiety and affect the psychological balance of the family members. Frequently, parents feel guilty or blame their spouse for a child's impairment. The presence, or the occurrence of an impairment can handicap the whole family. The fact that the family is upset is an added source of "handicap" for a child or adult already handicapped since it does not provide favourable conditions for personal development and integration into society. Incomplete social organization, absence of information services, of support and financial aid can force the family to place the child or adult in an institution.

When the person who becomes handicapped is the sole support of, or one of those supporting a family, the situation is different, but services are still needed. Lack of information for other family members and lack of support to help the handicapped person make the necessary changes to continue assuming his responsibilities and his role in the family, could lead to a break-up in the family unit and the isolation of the person, which adds to the results of his impairment. At the present time, there are practically no services for these persons, either for those who become handicapped or those who are already handicapped and wish to set up their own new family unit.

Present endeavours and lack of services

Home care services

In its policy on Home Services, the ministère des Affaires sociales officially recognizes that families with handicapped children must have the advantage of home care services to lighten their task and generally facilitate maintaining these children in their home environment(1). Just as for the handicapped in general, the types of services needed are not well-defined and are sadly lacking. Experiences regarding individual purchase of services, which seems particularly suited to some families, are few and far between.

Babysitting children at home is often necessary to further the policy of maintaining the handicapped child with his family; to do this, we must find persons who are qualified in the care of children with serious functional limitations. This type of service is not presently available.

Training and information services for families

Most services of this type have been established through the initiatives of groups of parents, but they reach only a small percentage of families. Social service centres, rehabilitation centres, hospitals, local community service centres, and school commissions also offer support services, although the quality varies a great deal. Even if needs are clearly defined, there are few people well-versed in this field. This lack of information also affects foster families, who generally have easier access to support services from the Social service centres which place the children with them. However, it can happen that the ones who do take in handicapped persons are not well enough supported to be able to offer the best living conditions to children or adults.

To sum up, we must take more care to inform, and bring support to, the main persons responsible for the handicapped who are part of their family. Where children are concerned, the family is not involved in an organized manner so they can make a significant contribution to the development of the child.

Early stimulation of young children is a good example of this, although considerable progress has been made in promoting parental participation. We must acknowledge that this is also true of integration into school and early recognition of an impairment.

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(1) See Chapter 10, *Home care services*.

Babysitting and helping-out services

There is a very apparent lack of helping-out services on short, or medium, term basis (daycare centres, vacation camps, etc.). Families who keep a child or adult with serious functional limitations at home are seldom able to have recourse to them. Moreover, the few day nursery resources presently available are not adapted and do not have the necessary qualifications to take children with serious limitations.

Lack of co-ordinated measures

The lack of co-ordination of the various resources forces parents to go through some tedious procedures. There is also a lack of continuity and complementarity in these services.

Financial aid

There are two types of direct financial assistance for certain families of the handicapped; supplement to the family allowance for handicapped children and an income supplement given to foster families who make a home for a handicapped child or adult.

Requirements for eligibility to the special family allowance were somewhat relaxed in 1981 to enable many more families to take advantage of this programme which began in 1980. About 8,000 handicapped children are being helped by it. Although it is a start, it does not meet the actual costs incurred by families in order to compensate for the impairment and functional limitations of the children. In addition, it is discontinued when the person reaches 18 years of age.

The handicapped adult receives an allowance while waiting to re-integrate into the labour market unless he became impaired through a traffic or a work accident or through a criminal act and if he is a war veteran. If he does not meet these requirements, he may receive social welfare. This amount varies according to whether he can work or not. A person receives this without conditions when he resides with persons other than a spouse. On the other hand, when he does reside with a spouse, the family income is taken into consideration, and he may not be eligible for these benefits.

In short, these measures are still not dealing with the reality.

Aside from direct financial assistance, in some cases exemption from income tax can also help defray the extra costs created by an impairment or functional limitation. This exemption applies to Québec Income Tax as well as to Federal Income Tax and is transferrable completely to a parent or spouse(2) if the child or adult has no taxable income. However, this measure is very restrictive as it applies only to those who are *blind*, those who have to use a wheelchair and those who are bed-ridden.

Concerning handicapped children and adults who need nursing care because of their *medical condition*, the fees for these services are tax deductible(3) with a medical certificate, which

THE COMMITMENTS OF THE SOCIO-ECONOMIC CONFERENCE

GOUVERNEMENT DU QUÉBEC:

- to draw up a policy for the family which takes into special consideration the family with a handicapped person;
- to extend and index the Family Allowance Supplement Programme.

MINISTÈRE DES AFFAIRES SOCIALES:

- **to allow stays of several days or weeks in homes especially for children;**
- **to develop external services, i.e. daycare services adapted to the needs of families**

CONSEILS RÉGIONAUX DE LA SANTÉ ET DES SERVICES SOCIAUX:

- to develop family assistance programmes, such as support in early childhood, helping-out and babysitting services.

CENTRES D'ACCUEIL DE RÉADAPTATION:

- ensure that each centre has a daycare centre in about five years.

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(2) Parent or spouse within the terms of the Taxation Act.

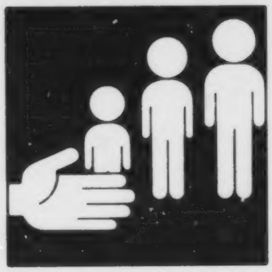
(3) In the frame work of the deductions for medical expenses (Taxation Act, regulation 717RI).

greatly restricts the number of families this measure can benefit. The cost of purchasing technical aids or medication prescribed by a doctor is also tax deductible as *medical expenses*. However, these financial measures are not enough for low-income people who pay very little tax.

There is no other measure especially for the families of handicapped children and adults. For example, fees for nursing care for a handicapped child, like those of all children, are tax deductible, but only up to a limit of $2,000 per child for 1982. This deduction is often not sufficient for the parents of a handicapped child, and especially if more specialized personnel is needed to take care of the child.

Costs incurred in accompanying a handicapped person

Other family members who may have to go long distances to accompany a handicapped person, when services and specialized treatment are needed, assume considerable outlay in terms of transportation and lodging, plus the loss of salary if this person has to be absent from work. Some lodging facilities are available, but these efforts, undertaken mainly by charitable associations and private enterprise, are definitely inadequate.



The objectives

The past years have given rise to a changing in the roles of men and women and to a much greater range of possibilities in what we call our life-style. The word "family" here is taken in its broadest sense; any group of persons which has one or more handicapped persons, children or adults (one or two parent families, foster or adoptive families, etc.). This "enlarged" concept of family is relevant to the various possible life situations for the handicapped, and does not claim to propose any new definition for the Québec family.

Whether the adult taking care of a dependent handicapped person is a spouse, mother, father or friend, the needs will be the same in terms of support services, financial assistance, homecare services, temporary lodging resources, etc. Also, handicapped adults or those who become so, who are the family support or share with another, the interdependent bonds and their family responsibilities, need support services, financial assistance or homecare services to carry on with the responsibilities they have undertaken.

The role of the family

1. Responsibility of the family and government to maintain the handicapped in their family environment

Maintaining the handicapped person in his own family means that the family must take charge of him: this does not mean increasing dependence of the handicapped, but rather adjusting to a new reality which includes increased responsibility for the family. When an impairment occurs, it should not bring about the break-up of the family which could result in putting the handicapped in a home, in the departure of a spouse or even serious tension.

This objective concerns both family members and those who supply services. Indeed, maintaining a handicapped person within his family does not depend solely on whether it is his wish, but also on what support is available in his environment. This definitely requires a firm commitment on the part of the family to accept this person as a full family member and to offer him the best possible conditions for his integration into society.

The natural family is not the only place where progress and development are possible. There are family environments which are not suited to provide development or integration into society of a handicapped person. So, there are times when family ties should not be tightened and continued. It is obviously a last resort to place a handicapped child or adult in a home to allow his development and growth, but we sometimes have to face the necessity of this step.

2. Family participation in the service programme of a handicapped person

The family should not automatically be included in every aspect of the life of a handicapped person since this would be an invasion of his privacy as well as being over-protective. It is better to make sure that the family participates in such a manner to help his approach to integration into society. For example, from the moment of diagnosis and functional evaluation the family, and the person himself, must be made to understand the nature of the impairment and the extent of functional limitation, so they can make a good adjustment to the reality they now face. When it is a case of early stimulation, the parents must be properly informed so they can carry out the planned programme with their child.

The variety of needs and services

3. Access of the family to a variety of services and to the financial assistance required for basic needs as defined in the service programme

The family can become involved in working toward the integration of the handicapped according to what access they have to qualified professional support and to financial assistance.

Needs of families vary a great deal according to the nature of impairment and extent of functional limitation of the handicapped person, according to his role and responsibilities in the family, and according to the general family set-up. The support needed may be minimal or made up of several services, plus considerable financial assistance. It may be only a matter of informing the parents that there is a mutual aid group for their moral support. It can go all the way to supplying permanent services for domestic help, to support for the handicapped person so he can assume his role as parent, to baby-sitting — all these with substantial financial assistance. The benefits of maintaining a handicapped person with his family outweigh any financial considerations. The availability of a variety of support services for the family is essential if we wish to avoid the high cost and inconvenience of putting a person in an institution or isolating him in any way. Support services and financial assistance must be granted according to the basic needs determined in the service programme. Access to them must be flexible enough to meet the needs of each family, without discrimination or privilege.

4. The availability of mutual aid and information to families when an impairment occurs

When a family learns that one of its members will have to live with a significant lasting physical or mental impairment, immediate support is necessary to adjust to this situation. They should have all the necessary information regarding the cause of the impairment, its nature, the means of dealing with it, the potential which can be called upon quickly, possiblities for treatment, adaptation or rehabilitation, resources which can be used, services to which they have a right, etc.

However, some impairments are not immediately discernible and for very young infants detection usually occurs at home, and parental information is very neccessary.

The family must be able to receive the benefits of mutual aid and the experience of meeting with parents of handicapped persons. They must also be able to rely on the professionals of the network who should be ready to provide information and support services and to make the proper referrals, including those to groups of parents or handicapped adults. The handicapped person who supports a family also needs support and information to make the adjustments necessary for carrying on his responsibilities, as do couples when one becomes handicapped, in order to adapt to the continuing of an effective and sexually satisfying life.

5. Training families with regard to the needs and characteristics of the handicapped

Family participation in the integration process of a handicapped person depends to a great extent on the kind and quality of training available for them in every area where the service programme is applied. Training programmes must be offered to the family according to their needs, whether individually or as a group.

6. Access to home care services (domestic help and babysitting) for families of handicapped persons

The particular needs of the family are not necessarily the same as those of a handicapped person.(4) For example, a parent may need a babysitter in the home to enable him to go out for a short while. By the same token, families with one or more handicapped children may need domestic help to lighten the daily load.

The qualified services of a babysitter at home apply as much to families with handicapped adults as they do to those with handicapped children. As in the case of homecare services required directly for a handicapped person, a family must also be able to have the advantage of an adequate budget to allow individual purchase and self-management of services.

7. Access to short-term lodging services for handicapped children or adults living with their family

Access to the above-mentionned service concerns the family of a handicapped child or adult with severe functional limitations who will always need assistance. This service proves to be necessary when the other family members want to go away for a few days or weeks, or even when they want to remain at home without all the extra work related to keeping a handicapped person at home.

Without setting up new lodging resources, the present ones must occasionally accommodate handicapped children and adults. There should also be easy access to temporary type lodgings, such as summer camps. The availability of short-term lodging will do a great deal toward maintaining, in his own environment, the handicapped person with severe functional limitations. Families could avoid placing a child or adult in an institution if they could occasionally have the benefit of a holiday away from their responsibilities, and more generally, from all the support services.

8. Access to adapted services for day nursery for children and day activities for adults

Families need to be able to count on resources which take the handicapped person for some hours each day on a regular basis. For preschool children, this is the day nursery. We must further the development of this resource and make sure they can accept children with functional limitations. This requires training day nursery staff and making them sensitive to the needs of these children. Also, these places should have easy access. The use of day nursery service may mean that certain professionals, who have specialized in this field, will be there from some other resource, for example adaptation or re-

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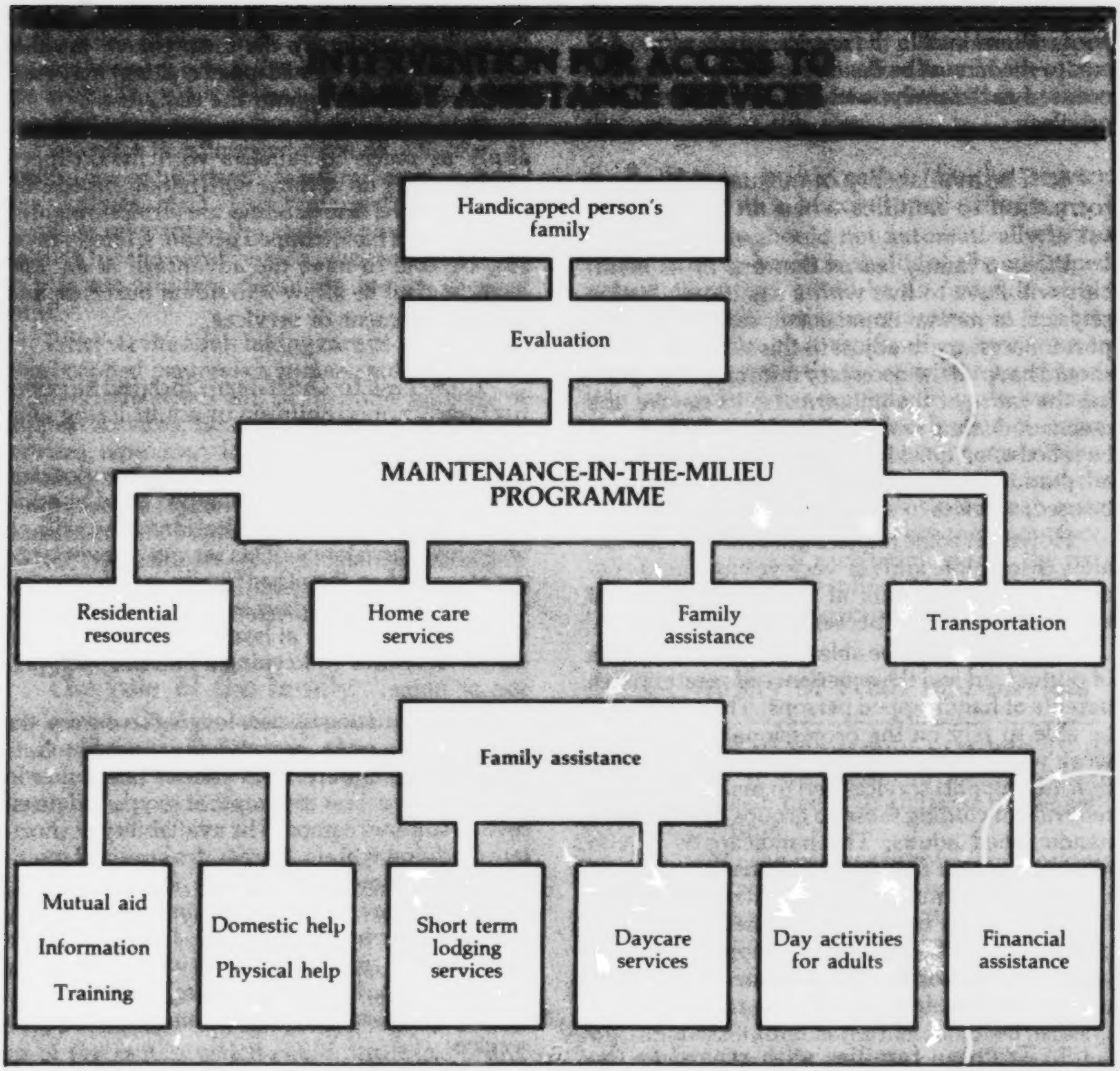
(4) See Chapter 10, *Home care services*.


INTERVENTION FOR ACCESS TO
FAMILY ASSISTANCE SERVICES
Handicapped person's family
Evaluation
MAINTENANCE-IN-THE-MILIEU PROGRAMME
Residential resources
Home care services
Family assistance
Transportation
Family assistance
Mutual aid
Information
Training
Domestic help
Physical help
Short term lodging services
Daycare services
Day activities for adults
Financial assistance

habilitation, in order to support the early stimulation programme for a child.

Maximum integration of the handicapped child is the goal here as well as in school. Those persons in charge of "sitting" someone at home must also be trained and made aware of needs so they may just as easily care for children with functional limitations.

We should also think about other methods of sitting for children such as "drop-in" day nurseries where the child is left at irregular times when it is necessary. This method works very well for parents who work part-time, as it does for those who have to go out on short notice and cannot leave their handicapped child alone.

As for handicapped adults living with their families, we should encourage them to take part in day time activities.(5) We are referring here to people who stay home all day, without any suitable place to spend some hours each day or who often go to institutions which no longer respond to their needs in any way. For example, a person with a very slight potential for integrating into the professional world who continues to go to a rehabilitation resource where the stress is on the learning of work habits. These activities of an occupational nature should be enriching for the handicapped and enable their families to follow their own pursuits.

(5) See Chapter 15, *Recreation*.

Financial assistance

9. Compensation of extra costs incurred to maintain a handicapped child or adult at home

In the long run, developing all the support services as a whole will considerably reduce the additional cost incurred by the family. However we must ensure the family financial assistance to cover the needs defined in the service programme of a child or adult according to available services.

10. Possibility for the families of the handicapped to obtain financial assistance allowing them individual purchase and self-management of the services they need

In regard to home care services for the handicapped, families should be able to have a budget allocation for the administration and purchase of the services they need. There are many advantages in this: individual purchase enables the family to have better control over the quality of the service and keeps the administrative costs at a minimum. By devining job descriptions, establishing work hours and hiring the necessary personnel, the family makes sure that the services they buy are just right for their needs.

Some families do not wish, or are not in a position, to take charge of an allocation of this sort. However, this should not prevent the development of a service package for the family through the usual networks which administer these services. Moreover, these networks keep the responsibility for family support in the self-management context. Individual purchase is well-suited to home care services (domestic help and baby-sitting). There is nothing to prevent the purchase of other services, especially if they are unavailable, or difficult to obtain, through the networks. For example, an allocation could be made to a family unable to find a resource for daytime activities for a handicapped adult; this would allow them to find a resource person in their own community.

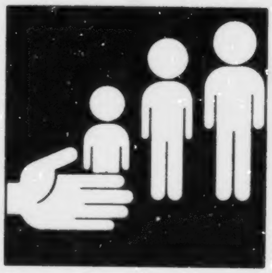
11. Availability of financial resources to take care of the expenses of a family member who must accompany a handicapped person when he goes to receive his services

In some cases, a family member must plan for special arrangements to accompany the handicapped person when he goes for his services. This includes, among other things specialized medical treatment, services for adaptation or rehabilitation, early stimulation programmes, whether it be to fill the role of an accompanying adult or to obtain the necessary training and information to carry out the service or treatment at home. Lodging or transportation costs are looked after by this family member and this need will be there as long as the specialized services are centralized.

12. Social and financial recognition of the part played by the family member who remains at home to further the progress and integration of the handicapped person as recommended in the service programme

Finally, we must find some way of recognizing the enormous contribution made by some family members to the progress and integration of a handicapped child or adult. We are referring to the one who chooses to stay at home to act as an assistant in putting to use one or more programmes in accordance with the goals of the service programme for the handicapped person. This recognition must include those persons who take care of handicapped pre-schoolers who are at home as weel as those who devote their time to a handicapped adult.

The method of social or financial recognition has to be defined; it might be a holiday for the wage-earner, to recognize the experience or training acquired while acting in this role, or any other means suitable to pay tribute to the service.



Recommendations

Policy regarding the family

1. *That the gouvernement du Québec:*

- *take into account the particular needs of the families of the handicapped when formulating policies with regard to the family.*

Information and reference

2. *That the ministère des Affaires sociales and the regional councils of health and social services:*

- *make sure that the establishments of the social affairs network inform and support families as they adapt to having a handicapped person in the home, and assure them of follow-up if the need should arise;*
- *officially recognize the complementary roles regarding information and support assumed on behalf of families by volunteer service organizations;*
- *support financially and technically those organizations so they may offer information and support services to families who need it;*
- *encourage referrals between the network establishments and the volunteer service organizations.*

A complete and well-organized network of information and support for families having trouble in adapting needs to be set up. This network includes establishments such as hospitals, Social Service Centres, local community service centres and also, to complement these, volunteer service organizations which assume a mutual aid role for families with problems. However, these organizations must be provided with the means to better enable them to train volunteer manpower, who can then give information and support, to the families involved, and even to hire a salaried staff to perform these duties specifically. There should also be provision made for technical assistance, such as:

- training for volunteers to increase their efficiency in some sectors (administration, communication, planning, etc.), given by government personnel from the areas involved;
- access to public data bank services, for example, to accentuate information available through these organizations and knowledge of the various resources available.

Maintaining the handicapped in the milieu

3. *That the ministère des Affaires sociales, regional Councils of Health and Social Services, establishments of the Social Affairs network, and the volunteer service organizations:*

- *inform the personnel of the different establishments of the Social Affairs network and the families of the handicapped, about the advantages of maintaining these people in the midst of their own families.*

Minimum resources

4. *That the ministère des Affaires sociales, regional Councils of Health and Social Services and the network of Social Service Centres:*

- *give precedence to placing the handicapped, who have to be cared for outside their home, with a foster family or in any other minimum or intermediate resource, as an alternative to placing them in an institution.*

Families who have a handicapped person among their members, and the professionals who advise them, should be made aware of the very special role of the natural family toward social integration. This awareness will further the trend, already in motion, towards keeping the handicapped with their families. Besides, we should promote a life-style which offers as many advantages as possible of the natural family, when there is no other recourse than to place a handicapped person outside his own home.

Responsibility of the family

5. *That the ministère des Affaires sociales et de l'Éducation and their respective networks:*

- *inform those persons who provide services to the handicapped that it is necessary to allow families to assume their responsibility in the integration process of handicapped persons.*

The family should involve itself with, and be prepared to support, a handicapped person whatever his needs. The professionals from the various service organizations must allow, even urge, this participation whether they be doctors, social workers, specialists in adaptation or rehabilitation, teachers, guidance counsellors, or any other category of professionals working with the handicapped.

Training

6. *That the ministère des Affaires sociales, universities, colleges, and the professional corporations involved:*

- *offer to professionals involved in the diagnosis of impairments and the evaluation of functional limitations, the necessary training to enable them to brief the family adequately when an impairment occurs in one of its members.*

It is of the utmost importance to inform the family fully when an impairment is diagnosed, and it is equally important that the professionals who have to discuss the impairments know how to do it. The training required to enable these professionals to assume this role adequately should be available in educational institutions and, to include those already working in the field, through re-training programmes.

This training should include principally:

- exact information about the characteristics of impairments and the type of functional limitations which ensue;
- explanations regarding the development of a person's potential;
- information about the availability of medical treatment, adaptation or rehabilitation, equipment;
- explanations regarding public assistance resources (organizations, services), regarding the government networks which provide these services and how to apply to the right place; also regarding associations of handicapped persons or parents and what services they can offer.

Domestic help

7. *That the ministère des Affaires sociales and the regional Councils of Health and Social Services:*

- *ensure domestic help services will be available to families with handicapped children or adults who have severe functional limitations;*
- *set up means by which families may obtain and administer a financial allocation for acquiring the domestic help services they need.*

Family responsibilities

8. *That all professionals involved in carrying out a programme of maintenance-in-the-milieu for the handicapped person who supports a family:*

- *recognize this person's need for support to continue with his responsibilities with regard to other family members.*

For example, a handicapped person, father or mother of one or more children, may need assistance to register his child in school, to accompany him on his first day at school, etc.

Babysitting

9. *That the Office des services de garde:*

- *establish home sitting services for families with handicapped children;*
- *set up means by which these families may obtain and administer a financial allocation for acquiring the baby-sitting services they need during their usual working hours.*

We are referring to the families of handicapped children or adults and their need for home services. Domestic help can be obtained within the policy of the ministère des Affaires sociales on home services and sitting services; these two networks, then, must provide the required services and make them available to the families who express the desire to purchase and administer them themselves. Moreover, regarding home care services for the handicapped, the family should be able to have access to a financial allocation especially for the purchase of these services. For families residing in areas where access to services is a problem, for example, this should enable them to obtain the services in the community. Generally speaking, this method of self-management of services has the advantage of being flexible and not too costly.

As for babysitting, families with working members have to be able to obtain these services at home if they cannot find a place in an accredited day nursery. They must have financial assistance to purchase the necessary babysitting services. Where pre-school children are concerned, this assistance must compensate the costs incurred over and above the amount deductible from income tax as "sitting" expense.

Expenses for day care

10. *That the ministère du Revenu:*

- *revise the regulations relating to tax deductions to enable a family member incurring expenses for day care for a handicapped adult, to deduct them from his taxes, starting at the time of the proper professional evaluation, which confirms this need.*

This means increasing the present deduction relating to expenses for day care in the case of a handicapped adult. Only those services authorized by a doctor are tax deductible at the present time. This is a very restrictive method as it is the medical condition of the person which determines the deduction. Here we must make the distinction between a person who is ill and a person limited in being able to accomplish normal activities. The deduction should apply to all families incurring the expenses of day care for a handicapped adult, when these services are deemed essential to his remaining at home. To this end, the proper professional evaluation, and not only that of a doctor, must be accepted as written proof.

Short-term lodging

11. *That the ministère des Affaires sociales, the regional Councils of health and social services, Social Service Centres and reception centres:*

- *assure the availability of time to time short-term lodging for handicapped children and adults who live with their family;*
- *inform the establishments of the social affairs networks and volunteer organizations of the possibility of having handicapped persons lodged on a temporary basis.*

We must guarantee an adequate number of short-term lodging places in all regions. To be of most help to the family, advance notice for a reservation for one of these short-term places must be reasonable. Moreover, this should be regarded as a service which is guaranteed to all families needing it, since lodging resources already receive an operating budget which is allocated in proportion to the number of places available. Good access to these services which are used on a time to time basis, will contribute greatly to maintaining an increasing number of handicapped persons with their own families.

Day care services

12. *That the gouvernement du Québec:*

- *modify the Act on day care services for children to let all holders of day care permits know they are obliged to take handicapped children*

13. *That the ministère des Affaires sociales:*

- *assure that handicapped children have access to the present network of day nurseries;*
- *attach special importance to their access to day care service as they develop new day nursery resources.*

Access to present day care services should be made very easy through an appropriate physical layout, and through informing and training personnel working there so they may be better able to deal with the needs of handicapped children. To develop a network of day nurseries is a social priority in Québec today; it means also assuring access to all new day care resources for these children. In order to do this, it will be necessary to give serious consideration to the needs of this handicapped clientele in the planning and establishing of services, and to make the legislative and statutory changes needed to attain these goals.

Early stimulation

14. *That the ministère des Affaires sociales, in co-operation with the resources involved in the steps taken toward adaptation and rehabilitation:*

- *stress the availability of specialized personal services for early stimulation, within the service programme of a child living at home or going to a day nursery.*

Adaptation and rehabilitation resources must be able to bring support to families and day nurseries, both of which need their expertise. Part of the contribution of these resources should be to establish conditions favourable to the development of the handicapped children, wherever they spend their day, and in keeping with the objectives of adaptation or rehabilitation programmes planned for them.

Daily activities

15. *That municipalities, in co-operation with the community organizations and associations of the handicapped in their district;*

- *see that the handicapped have access to community or recreation type activities by day.*

Establishing these activities, as proposed in Chapter 15. Recreation, will also serve the purpose of lightening the load, occasionally or on a regular basis, of the families of handicapped adults, as they must make sure that someone is constantly with them.

Travelling expenses

16. *That the ministère des Affaires sociales:*

- *establish a system to reimburse travel expenses incurred by family members who must go with a handicapped child or adult for the treatment or adaptation or rehabilitation services they need.*

The presence of a family member is mandatory in cases where the handicapped child or adult has to go to some large centre to take advantage of specialized measures. Some of these costs are defrayed in very well-defined ways. At any rate, a system should be established to cover expenses incurred in making use of these specialized services, either for the person himself or for the family member accompanying him.

Social recognition

17. *That the ministère des Affaires sociales:*

- *establish ways of recognizing the social role, such as a holiday, some tribute for years of experience, maintenance of fringe benefits or a payment for the family members of the handicapped pre-school child or adult, who choose to devote their time to the progress and social integration of their handicapped member, as recommended in the service programme.*

This social role as assumed by family members in certain given situations, must receive recognition. Being thus involved in carrying out the service programme, which strongly recommends it, these family members make a direct contribution to the progress and integration of a pre-school child, or an adult, with severe functional limitations. This measure will promote keeping the handicapped at home, meanwhile providing them, both child and adult, with all the services necessary for their development and successful integration.

These compensatory measures can be varied and imaginative. In the case of a person who leaves his job for a set time, they can be similar to those already existing for leave of absence. Moreover, the experience gained with the handicapped person can be extremely valuable and can constitute a useful, recognized skill for someone who might wish to carry out similar tasks or find a job. As these services are indispensable for the progress and integration of the handicapped person, suitable payment should be considered.

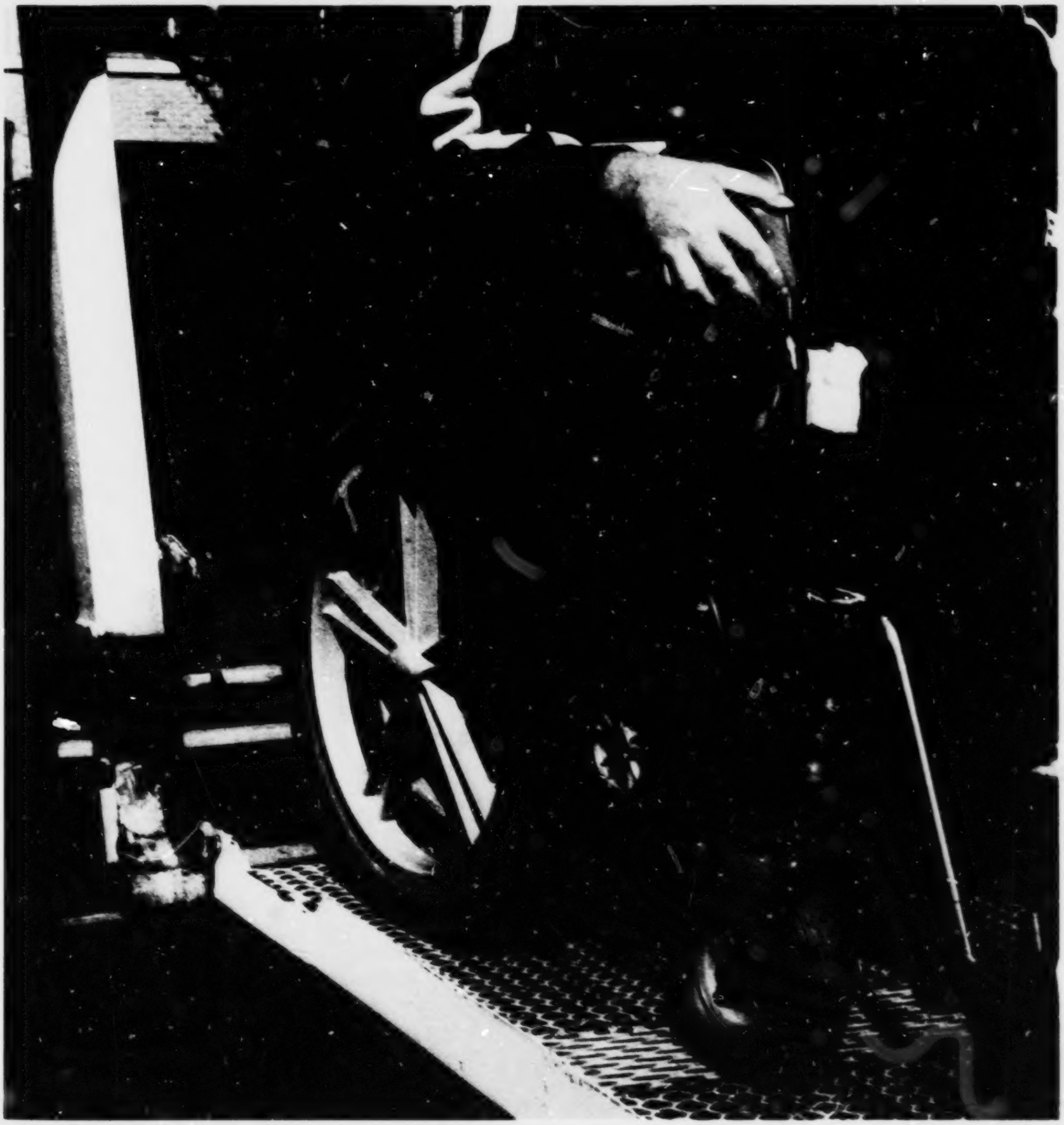
Reference centres

18. *That each regional council on health and social services:*

- *establish reference centres where requests for services and information for use by families can be centralized.*

To make it easier to provide services for families, we should set up a single reference centre to co-ordinate services for them, one single door at which they can knock and be directed to present services. Preferably, this centre should be one of the resources providing direct services to families (local community service centres, social service centres, volunteer organizations etc.). Several centres may be necessary (one per subdistrict, for example) according to conditions in the district. This central reference point should also assure good communication between local resources offering services to families and effective co-ordination of their efforts.

12.
Transportation



Introduction

Transportation is a necessity for everyone and is a prerequisite for *social integration*. Indeed, can we imagine how a person could participate in community activities if he has no way to move about and to go wherever he wishes to meet with his fellow citizens? The handicapped have to confront physical, psychological and financial barriers, indeed even some communication problems, in using the various means of transportation in the community.

If we are to assist the handicapped to move about as others do, first and foremost we must attempt to give them access to the present means of transportation, using various adaptive measures for equipment and methods to function. When these adaptive measures prove to be so complicated and ineffective and we have to consider persons whose functional limitations deny them access to these systems, it has become time to organize parallel systems to reach this objective.

The situation

Adapted transportation

The gouvernement du Québec has been especially concerned with establishing modified transportation services in the last few years. At first, it subsidized private organizations which would thus take an increasingly greater responsibility.

The first steps were taken within the community; donations from social clubs, subsidies through job creation programmes have allowed for the purchase of several vehicles. Since 1976, the ministère des Affaires sociales, then, since 1978, the ministère des Transports, have taken on the responsibility for adapted transportation by subsidizing, for the first time, non-profit organizations in Montréal, Québec City and Sherbrooke City.

Since the adoption of the Act to secure the handicapped in the exercise of their rights, all public transportation organizations must take charge of transportation for the handicapped in their region. However, this responsibility concerns only the regions which are part of the urban communities where public transportation already exists. In addition, it is dependent on good will in the municipality or some agreement between the municipalities in the region. Up to this point, promotional organizations have taken a very active part in establishing these services.

In accordance with an order-in-council of July 1979, the cost of adapted transportation set up either by public organization, one municipality or several municipalities, was covered up to 75% by the Department and 25% by the municipality and the users. The cost of one trip must be equal to that of equivalent transportation in the regular public transportation system. In 1982-83, the Department financed 27 adapted transportation systems to a total of 115 vehicles and a $9,100,000.00 budget.

Some organizations of the handicapped also own their vehicles which are for use by their members. This became possible through donations from service clubs, and even, sometimes, from their own budget. Considering their very limited resources, they must often restrict this service to transportation of their members for particular activities. For the past few years, in regard to institutional transportation, some establishments of the social services network have owned vehicles which are intended for the exclusive purpose of transportation for their clientele. In 1980, there were about 380 vehicles in rehabilitation centres, accomodation centres and hospitals with a budget of approximately $6,000,000.00

School transportation

In regard to school transportation, only a very small percentage of children classified as maladjusted by the ministère de l'Éducation, need adapted transportation services. School transportation is available only for children in the elementary and secondary schools; handicapped students at CEGEP and university levels who are functionally limited in terms of regular transportation, must use adapted public transportation when such is available. Up until 1981-82, the ministère des Transports did not grant any specific resources to school commissions for the transportation of handicapped students. In rural areas, some students with severe functional limitations were being transported with different success, while in urban centres, the increasing number of these students was creating a real problem. In 1982-1983, the Department subsidized the transportation of handicapped students with a specific grant to school commissions...

Other problems became apparent, in particular, the complete lack of safety standards for vehicles, the length of transportation times, often excessive, and the absence of an accompanying adult who must be authorized by the school commission. An inter-departmental committee on school transportation for the handicapped, drew up a series of recommendations to solve these problems on June 10, 1981. Among other things, these recommendations urged that the ministère des Transports should undertake the cost of the vehicles and the school commission that of the accompanying adults. This is being done in a very indifferent manner throughout the district.

Other services

There are also other measures to make it easier for the handicapped to have the use of their own vehicle. The ministère du Revenu reimburses the sales tax on the purchase of a vehicle for a driver who needs an adapted car and the OPHQ, the Régie de l'assurance-automobile and the Commission de la santé et de la sécurité du travail reimburse the amount spent to modify the vehicle. For its share, the federal government reimburses the excise tax on gasoline for those handicapped who use their own cars. Some municipalities and private enterprises, such as large stores, make arrangements for the easy parking of cars used by the handicapped.

As far as long distance carriers are concerned, certain steps are being taken to improve the architectural accessibility of port facilities, railway stations and airports. Some carriers, such as Via Rail, Air Canada and Canadian Pacific, are beginning to make changes in their means of transportation. Several organizations are allowing the adult who accompanies a handicapped person to travel free of charge.

There are still some things to be corrected:

- inconsistency, duplication and limited use of certain adapted transportation resources due to three networks: school, institution and public;
- limited schedule for adapted transportation services in certain cases;
- limiting of transportation service adapted for certain impairments;
- total lack of service in some areas and municipalities;
- lack of reciprocal agreements enabling the handicapped to use adapted transportation in other cities when they need to get about in them;
- lack of driving schools offering courses on the adapted automobile;
- difficulty in obtaining a permit to use one's own car;
- parking problems;
- taxis are not adapted for this purpose, regulations are inadequate, additional charges are made, and drivers are poorly-informed;
- boarding problems and the inadequacy of washroom facilities for long distance transportation;
- in some cases, the demand for double fares for transportation of the handicapped;
- tax exemption on the purchase of an adapted vehicle are available only to those handicapped who drive their own car and not to those who purchase an adapted vehicle and drive it for another person;
- finally, lack of information on the part of personnel.

Among all the efforts undertaken to facilitate access to public services for the handicapped, there are still a few things to do to make ordinary public transportation available to the greatest possible number of people. To do this would decrease the resources needed for the parallel systems. Moreover, we still have to sort out problems faced by the handicapped who live in sparsely-populated areas where public transportation cannot be set up.

THE COMMITMENTS OF THE SOCIO-ECONOMIC CONFERENCE

MINISTÈRE DES TRANSPORTS:

- to work with the ministère des Affaires sociales to integrate their respective networks of adapted transportation;
- in co-operation with the OPHQ, to define who is eligible to use adapted transportation;
- to set up an advisory committee in order to involve the handicapped in plans and improvements to present to adapted public transportation;
- to meet with private long-distance carriers so they can expand access to their services for the handicapped, and they can be made aware of what has to be done;
- continue to develop adapted public transportation by passing the projected budget of 4 to 9 million dollars;
- to make decisions in 1982 to enable organizations of adapted transportation and handicapped groups to appeal to the taxi services;
- to see that access for the handicapped is taken into account when installing the subway system in the Montréal region.

URBAN AND REGIONAL COMMUNITIES:

- to continue to develop adapted public transportation;
- to increase participation of the handicapped on orientation committees.

The objectives

In this paper, we will be using the following definitions of the types of transportation.

Regular shared transportation: all regular public transportation which is shared such as bus, train, plane, ferry boat etc., put into use for the population as a whole by a municipality, several municipalities together, a public organization or a private company.

Adapted transportation or its substitute: any specialized transportation service or its parallel system set up especially for the handicapped, who, because of their functional limitations, cannot make use of regular public shared transportation. Adapted transportation has been organized in response to the specific needs of persons who are limited in their access to regular public shared transportation and it can include the modification of a vehicle, assistance for the person to get into, and out of, the vehicle, door to door service.

Urban transportation: any regular shared transportation service organized within the limits of a municipality, several municipalities or an urban community to enable the citizens to move about within the same city or its suburbs.

Long distance transportation: any regular public shared transportation service set up to move people long distances.

School transportation: any transportation service, regular or adapted set up by a school commission to enable primary and secondary students to move about for the purpose of attending school.

Institutional transportation: any transportation service set up by an establishment of the social affairs network for the needs of its clients.

1. For every handicapped person, access to transportation means allowing him a degree of mobility and independence equal to that enjoyed by the population in general

Access to a suitable means of transportation is an essential part of the maintenance-in-the-milieu programme. Progress made in science and technology, as well as the increase in collective wealth has allowed the community to provide itself with ways of transportation which have given its members a very great degree of mobility. These advantages of collective progress must be made available to everyone — the handicapped must have the right to use them, too.

2. Access with full equality for all handicapped persons to regular public shared transportation (local and long distance) unless his functional limitations make it absolutely impossible

All citizens can have access to regular public transportation and the handicapped have to have this same possibility. As a consequence, we must minimize obstacles in the way of their use of the means of public transportation without jeopardizing the effectiveness of the service. Very many of the handicapped would be able to use the regular transportation services with only slight modifications.

By announcing the stops and adding contrasting bands of colour to the first and last step of the stairways in busses, metro and trains, it would make access much easier for a person with visual limitations. By simplifying the signalling system, we could facilitate use of this service for persons with an intellectual limitation. By adding handrails in certain places, busses, trains, boats, planes, etc., transportation would be more accessible to persons with stability problems etc...

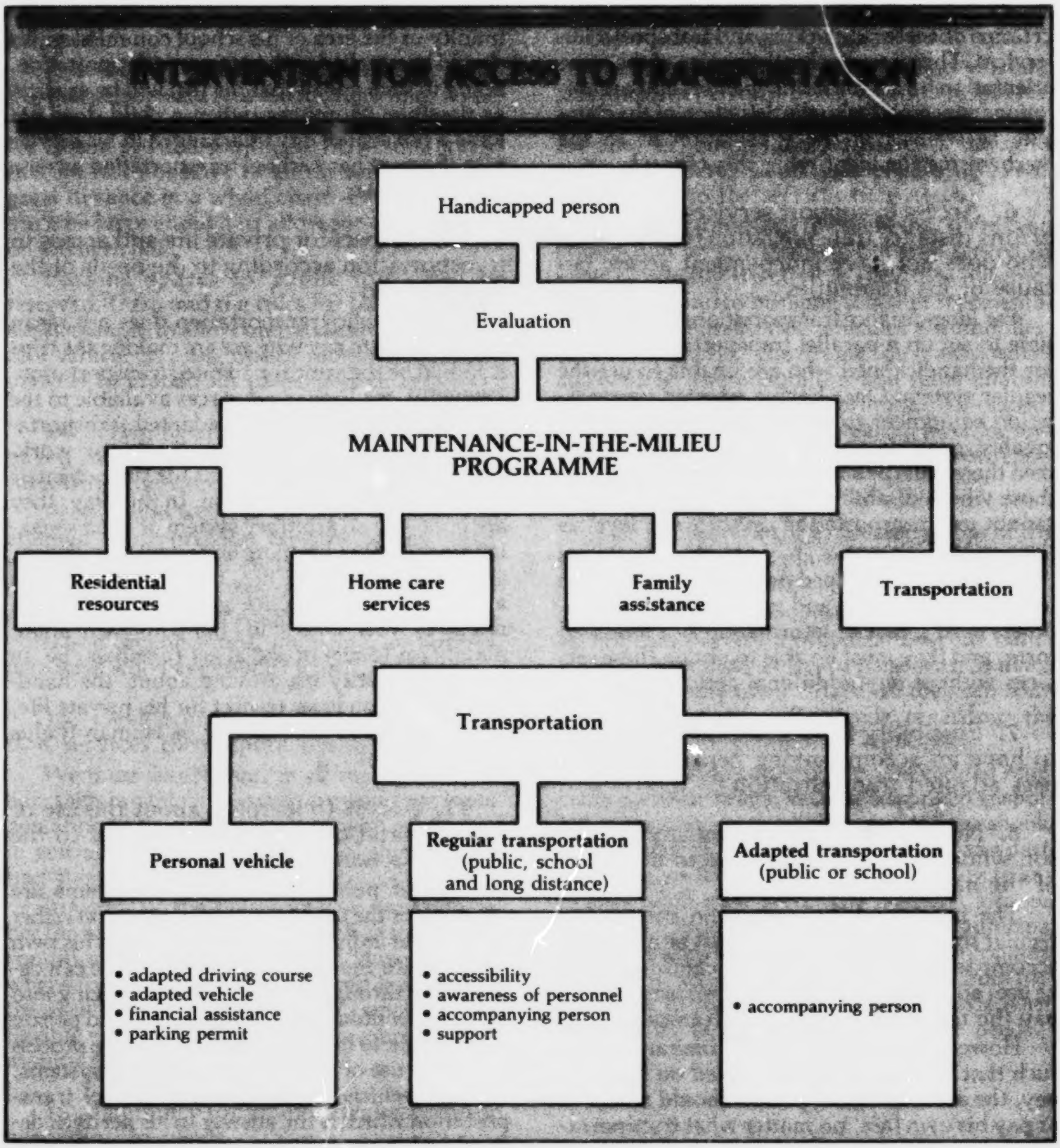
Moreover, if we would like the handicapped to be able to use shared transportation with full equality, we must allow them to do so under the same conditions as everyone else. For instance, they should never have to pay a double fare if they have to use two seats because of obesity or if they are accompanied by a guide dog.

3. Access to substitute transportation for each person who cannot use regular shared transportation without discrimination based on the kind of impairment

The whole point of the adapted system of transportation is to offer a service to people who cannot use the regular shared transportation because of their impairment or their functional limitations. This service, then, must be accessible to all these people and it must eliminate all administrative regulations restricting its use by persons with certain types of impairment or functional limitations. As of now, certain handicapped persons can use neither of the two transportation systems, which greatly reduces their mobility.

Persons who cannot use regular public transportation must have access to an equivalent service. Adapted transportation must offer the same mobility in terms of schedule, transfer areas, etc... To place stricter regulations on adapted transportation than on regular service is real discrimination against the rights of the handicapped persons who use it.

In the areas where there is no public shared transportation handicapped persons who cannot drive their own car must be able to have the services of substitute transportation.



INTERVENTION FOR ACCESS TO TRANSPORTATION

Handicapped person
Evaluation
MAINTENANCE-IN-THE-MILIEU PROGRAMME
Residential resources
Home care services
Family assistance
Transportation
Transportation
Personal vehicle
Regular transportation (public, school and long distance)
Adapted transportation (public or school)
• adapted driving course
• adapted vehicle
• financial assistance
• parking permit
• accessibility
• awareness of personnel
• accompanying person
• support
• accompanying person

4. Access for a handicapped person to the least specialized transportation possible, suitable for his needs

When a handicapped person moves out of his own area for a short time, he should be able to have the same advantages as he has at home in terms of access to transportation and parking facilities. This means that all the municipalities and organizations involved should agree to similar orientations in regard to defining the clientele, as much for the sake of harmony as for actual means of identifying the persons themselves.

5. The possibility for a handicapped person to benefit from transportation services adapted to his needs, when he travels in separaties municipalities served by other transportation services

When a handicapped person travels outside his region for a short period, he must be able to benefit from the same advantages as in his region in terms of access to parking and transportation services. This presupposes the choice of the same orientation for all the municipalities and organizations concerned as to the definition of the clientele, as well as of the expectation as to the mechanisms for identifying this clientele.

6. Access to support services for the use of long distance transportation for everyone who does not have independent access because of his disabilities

For long-distance transportation, it is not possible to set up a parallel transportation system for the handicapped who are unable to use the regular system. Once having adapted transportation equipment to make it accessible for the greatest possible number of the handicapped, then there must be support services available for those whose disabilities are so severe that they cannot use transportation on the same level as their fellow-citizens.

Certain handicapped persons need someone to help them board, and get out of, a vehicle, others need access to information in a modified form, and they must be able to obtain these services without any additional cost.

7. Possibility for a handicapped person to have an accompanying person when he uses adapted transportation

8. No charge for the accompanying person whose presence is essential to the needs of the handicapped person

The handicapped person who cannot use regular shared transportation must be able to be accompanied by a person of his choosing when he uses adapted transportation. This person must pay the regular fare for public transportation.

However, if the functional limitations are such that he must be accompanied on his journey, the accompanying person should not have to pay his own fare, no matter what transportation means are used, local or long distance.

9. Access to school transportation for the handicapped

Just as for public transportation, the handicapped must have access to school transportation, which means access to regular transportation for the greatest number and access to adapted school transportation for those who cannot use regular school transportation without discrimination because of their kind of impairment or functional limitation.

If a pupil has to move about outside his community or the area of his school commission, he should be supplied with necessary transportation, set up in such a way that the trip will be as short as possible. Moreover, when a child does not have a full school day as arranged in his service plan, he must have school transportation as soon as he needs it.

10. Respect for private life and access to transportation according to the needs of the handicapped

Using public transportation does not mean that we have to say why we are making the trip; it should be the same for adapted transportation. Presently, the limited resources available to the organizations in charge of adapted transportation, force them to grant priority to work, studies, and health as reasons for their clientele making use of transportation. In this way, they are imposing an arbitrary system of values making work and studies more important than leisure, shopping, and social life, for example. This is a discriminatory practice against those who do not go to work or to study but who move about mainly for leisure or social get-togethers. So, in having to justify his moving about, the handicapped person loses respect for his private life, as recognized in the Charter of Human Rights and Freedoms.

11. Access to learning about the use of a transportation method best suited to the needs of a handicapped person.

Even if public transportation systems are planned for the use of the public in general rather than for an individual, each person has his own potential for the use of these services. He can develop this through a learning process taking into account his situation. Every handicapped person has the right to have access to the learning process regarding use of regular transportation systems, his own vehicle, or any other means of transportation which is the answer to his needs as defined in his service plan.

12. Maximal accessibility of regular local, long-distance and school transportation

Complete accessibility must be a priority in developping shared transportation. All possible modifications to present equipment must be made so they will be accessible to the greatest number of the handicapped. New equipment must be planned and constructed with this in mind, and we must eliminate as many rules as possible in the functioning of shared transportation — rules which obstruct its use for the handicapped.

13. Accessibility to parking for the handicapped

Accessibility to parking means that the handicapped person with reduced mobility finds it possible to get about with his own vehicle, to find the closest possible parking to his destination so that he will not have to go far on foot or any great distance in a wheel chair. Parking spaces must be large enough to allow for the boarding of a wheelchair.

Parking spaces in public lots must be reserved, then, and the rules for parking on the street changed to allow the handicapped or driver of a vehicle carrying one or more handicapped persons to unload his passengers or to park.

14. Training and information of those engaged in transportation of the handicapped regarding the needs of these people

People who work in the area of supplying adapted transportation services to the handicapped must be well aware of their needs and their hopes to live an independent life. This concerns, particularly, the administrators of transportation organizations, municipal authorities, personnel who have contact with the public etc...

15. Development of adapted transportation services throughout the district

We must assure that, in all regions of Québec, steps are taken to guarantee adequate transportation to those handicapped who are limited in getting about, so that some of them do not find themselves without service.

In setting up these resources, we must remember the needs of the person as well as the general conditions of his environment. Thus, in areas where the number of handicapped is small and the area large, we must call upon a smaller, more flexible organization which relies more on community resources.

16. Eligibility for adapted transportation according to needs

This varies according to functional limitations, general conditions of his environment, whether access is complicated or not, and the methods by which present regular shared transportation services can be put to use. This means that eligibility should be examined carefully according to individual needs and situation.

17. Complementarity and co-ordination of the various transportation resources

It is important to develop a good working arrangement between transportation resources, for one thing, to be sure that all areas are served, for another, among the personnel in the same region, to assure that all types of passengers will have access to the services they need.

Co-ordination aims to assure that there is no duplication or any clientele not well served. It must be equally effective in regard to automobile driving and to bringing together representatives of the Bureau des véhicules automobiles, driving schools, the Régie de l'assurance-automobile, the adaptation and rehabilitation sector, municipalities and promotional organizations, which must all take part in teaching and helping a handicapped person to use his own personal vehicle.

18. Respect for the expressed needs of the handicapped when planning transportation services for their use

When means for consultation are present, within transportation organizations, the handicapped must have access to them with as much authority as any other citizen, so they can communicate their specific needs regarding the modification of community equipment.

When it is a matter of services created especially for their needs, such as adapted transportation services, responsible organizations should grant the handicapped the power to act as a partner, because they are in a better position to say exactly what they need. The fact that a larger kind of representation exists such as municipal administration for public transportation commissions must not prevent the handicapped from participating in the definition of their needs when services are being organized for these needs.

Recommendations

Adapted transportation

Development

1. *That the ministère des Transports, in co-operation with the ministères de l'Éducation and des Affaires sociales:*

- *continue to develop the adapted transportation network by making the most use of the three networks: public, school and institutional.*

In the short term, the Department will have to promote the signing of an agreement between public adapted transportation organizations, the establishments of the social affairs network and the school commissions to allow maximum use of existing vehicles, within the three networks.

In the long term, it will have to study, in all seriousness, the possibility of integrating the three networks to achieve the best co-operation and the maximum use of resources. As the public and school networks are financed by the ministère des Transports it will be easier to assure their quick integration. As for institutional transportation, the situation is more complicated and will have to be studied as individual cases according to a well-established policy.

Eligibility

2. *That the ministère des Transports:*

- *supply to the committees on eligibility some means to assist them in their work; chiefly, an application form for those applying, a sample report by a professional, a schedule for evaluation etc.*

The organizations adapted transportation must provide similar procedures for a standard orientation throughout Québec to establish eligibility on an individual basis.

Taxi

3. *That the ministère des Transports:*

- *urge municipalities to appeal to the taxi industry for transportation for the handicapped.*

To have the assistance of taxis would prove to be a very worthwhile solution. The Department and the municipalities should subsidize services provided to the handicapped by the taxi industry in the same way as the adapted transportation organizations in order to cover the difference between the normal cost of a trip and the equivalent cost of the trip on shared transportation, possible modification of vehicles etc. We should be able to make use of this means of transportation according to the same eligibility standards and cost as adapted transportation.

Purchasing services directly

4. *That the ministère des Transports, in co-operation with the OPHQ:*

- *conduct a short-term study on the possibility of subsidizing the handicapped directly, so they would be able to find the solution to their transportation problem in their own milieu.*

Some of the handicapped could find suitable solutions to their transportation needs by asking parents and friends, and these solutions would have the advantages of greater flexibility and lower cost. This possibility could be practical in rural areas or, even, in urban centres when the person has to travel quite a long distance or when public transportation does not cover the district where the person wishes to go.

Up till now, seemingly few studies have been done regarding this question. The Department should analyse this matter as soon as possible to see what the advantages would be, in order to establish a suitable programme as a result.

Advisory Committee

5. *That the ministère des Transports:*

- *set up an Advisory Committee, which includes the handicapped, to plan transportation programmes for their use as well as any improvements needed in them;*
- *include in its priorities an analysis of long-distance transportation, reciprocity in the supplying of adapted transportation and the participation of the handicapped in defining their needs for the organization of adapted transportation.*

Safety

6. *That the ministère des Transports and the Régie de l'assurance-automobile:*

- *together draw up a set of safety rules applying to vehicles for adapted transportation.*

The handicapped who use adapted transportation must be able to do so with complete safety. Safety standards must be drawn up taking into account the kind of service offered, the vehicles used, the degree of independence and the functional limitations of those using the services. All transportation organizations must agree to the same safety standards.

Modifications to Vehicles

7. *That the ministère des Transports:*

- *draw up guidelines for transportation changes to make sure that the solutions adopted respect the dignity of the handicapped and keep costs at a minimum.*

Often, solutions are not appropriate because they do not respond to needs, or are needlessly expensive, or even because the handicapped suffer a loss of dignity when using them; for example, a handicapped person in wheelchair might make a trip in a luggage van; sometimes very sophisticated equipment is installed in one vehicle rather than modifying several at less cost etc.

The Department should draw up and distribute a guide containing information about the pitfalls to avoid in adapting services for the handicapped, at the same time proposing easy and low-cost solutions. In the planning of this guide, it should seek the participation of the promotional organizations which can bring to it their expertise in this area.

8. *That the ministère des Transports, in cooperation with the carriers and organizations involved:*

- *promote research on modifying regular transportation systems and on developing substitute systems.*

To promote the development of transportation for the use of the handicapped, the Department must generate research in this area with designers as well as the organizations which subsidize the research. Some research could be carried out on the following basic factors, for instance:

- modification of public and private vehicles;
- security standards and equipment;
- alternate solutions to those currently in use.

The Department must also establish a rapport between designers and enterprises in the transportation field to make sure that research finds some real answers as soon as possible.

Adapted transportation services

9. *That organizations offering adapted transportation:*

- *take steps to develop adapted transportation so the users may take advantage of a service equivalent to regular shared transportation to participate in the life of the community the same as any other citizens.*

Responsible organizations should aim to develop their services in such a way that, for the handicapped, a lack of transportation is not a barrier to participation in the life of the community, any more than for other citizens. There should be an expanded schedule equal to that of regular transportation as soon as possible. Also, having to justify the reason for going somewhere should no longer occur. In future, our aim should be to offer a service equivalent to that enjoyed by the users of regular transportation.

Participation

10. *That all organizations for adapted transportation:*

- *set up a system by which the handicapped can participate in the administration of services;*
- *set up an eligibility committee to define the clientele for adapted transportation, on which the handicapped should have equal representation.*

Adapted transportation organizations must create a system enabling users to participate in the administration of services. They must also set up a committee mandated to decide, on an individual basis, on the eligibility of a handicapped person for adapted transportation; moreover, the handicapped should have equal representation with the carrier on this committee.

Regular public transportation

Accessibility standards

11. *That the ministère des Transports:*

- *set standards for all new regular means of transportation to respond to the needs of the greatest possible number of handicapped.*

In seeking new equipment and means of transportation to best serve all the population, municipalities and organizations for public and private transportation should keep in mind the needs of the handicapped so that the greatest possible number may have access to transportation. The Department should set the standards in this context. Not only is it necessary for present equipment to be modified for their use, but the handicapped must be kept in mind constantly so that, in future, they may have the greatest possible use of the same equipment as everyone. From the point of view of development, the Department must take this into account for all means of transportation under its jurisdiction, in fact, the same should be true for organizations of public and private transportation.

12. *That the organizations for regular public transportation:*

- *take every steps to assure the greatest possible accessibility to regular public shared transportation by the handicapped.*

Services

13. *That the public transportation organizations and the unions:*

- *recognize the transportation needs of the handicapped as being a principle to respect when drafting their collective agreements;*
- *consider the specific needs of the handicapped in the organization of public, regular or adapted transportation;*
- *allow the use of an alternate system when it is justified in the interests of the handicapped.*

Accessibility to public shared transportation has to be a priority in any plan to develop transportation services for the handicapped. All transportation organizations must assume the responsibility of making the necessary modifications to offer the best services to the handicapped.

For this task, they should make sure of participation on the part of promotional organizations, which will assist them in finding the most suitable solutions.

They should also assemble and inform their personnel, particularly the drivers, so they may lend whatever support is necessary at any time. Driver's unions should co-operate with public transportation organizations to make necessary amendments in their collective agreements so that all transportation services needed by the handicapped may be organized.

School transportation

The need to be accompanied

14.*That school commissions:*

- *recognize that the presence of an accompanying person is the one specific need, in the personal services of the student, to which they must respond and for which they must allow the necessary resources.*

Application of the recommendations of the inter-departmental committee on school transportation means that each school commission should provide the services of an accompanying person for transportation of the handicapped, as needed. The presence of such a person is a personal service for the student and must be included in the comprehensive services supplied by the school commission.

Services provided by this accompanying person may vary. It might be an adult with one handicapped person in a regular school bus, a supervisory person for all the children in an adapted vehicle or a person who, as well as keeping an eye on the children during the trip, helps them onto the bus, to dismount and to go into the school.

Organization models

15. *That the ministère de l'Éducation and the ministère des Transports:*

- *provide to the school commissions some plans for action and some models for organizing school transportation services, in order that they may assume this responsibility.*

To allow the school commissions to carry out out their mandate regarding school transportation for the handicapped, the two Departments concerned should supply them with examples for service organization in line with their respective mandates. These examples should include information on the transportation needs of the various kinds of handicapped pupils, on services, and adjustments to be made in order to respond to them.

Responsibility of school commissions

16. *That the school commissions designated to organize transportation of scholars in their district:*

- *make sure transportation resources are available to respond to the needs of all handicapped pupils.*

In accordance with the change in school transportation which is presently taking place, it is incumbent on the regional school board designated by the ministère des Transports for this purpose, to work out the cost of transportation for scholars in its district, together with other school commissions involved. These designated school commissions, from resources granted to them by the Department, should make sure that all handicapped pupils in their district have access to the resources they need. They should:

- check that vehicles for regular transportation are modified to accommodate as many handicapped children as possible;
- make sure that they have adequate equipment to provide substitute transportation for those who cannot use regular school transportation;
- see to it that all children needing the services of an accompanying person may have them, from resources made available to them by the ministère de l'Éducation.

Participation

17. *That school commissions designated to organize the transportation of scholars in their district:*

- *see that a representative of parents of handicapped children and the person in charge of school adaptation for the school commission be a part of the regional committee on school transportation.*

In accordance with the Transportation Act, school commissions must set up a regional transportation committee to organize transportation of students in their district. They must have, on this committee, a representative of the parents of these children and the person in charge of school adaptation for the school commission.

Use of a personal vehicle

Parking

18. *That municipalities:*

- *modify their regulations to facilitate parking of vehicles used by handicapped persons whose degree of mobility makes them dependent on their own vehicle or a vehicle which takes them near the place where they wish to go;*
- *adopt a ruling allowing the handicapped to be identified by a card carried on their person, which they can use in each vehicle they must take to go where they want.*

Municipalities should see that spaces are reserved in public, para-public and private parking lots. They should relax their rules to facilitate parking on the street for vehicles used by the handicapped. They should also modify their zoning regulations so they can stipulate similar measures for privately owned corporations, regarding parking spaces in, for example, shopping centres.

The OPHQ has already submitted proposals for a uniform and controlled identification of vehicles involved in transportation of the handicapped, or used by them, for the purpose of parking. The adoption of these proposals by the various groups working with the handicapped will allow the recommendation to be put into effect, thus establishing a uniformity for eligibility and identification of the handicapped for whom it is intended.

Driving courses

19. *That the Régie de l'assurance-automobile:*

- *co-ordinate the different agencies involved in teaching the handicapped to drive a car.*

The Régie de l'assurance-automobile should bring together groups of representatives from the adaptation and rehabilitation sector, municipalities, driving schools, and promotional organizations. They must assure that resources will be available for evaluation and teaching in every district, establish the necessary co-operation among the various groups involved to respond in a satisfactory manner to individual needs, evaluate present programmes, etc...

Accessibility of stops en route

20. *That the ministère des Transports:*

- *eliminate architectural and environmental barriers to facilities for stops en route;*
- *point out the accessibility of these facilities, on the same signs used to indicate they are available.*

Washroom facilities accessible along the Québec highways are essential to allow the handicapped to travel with the same confort as their fellow citizens. Thus, they should be able to ascertain, before making a stop, just how accessible this facility is. Information to this presence of a stopping-place of this nature must be indicated along the highways.

Driving Licence

21. *That the Régie de l'assurance-automobile:*

- *eliminate all problems encountered by the handicapped in obtaining a driver's licence.*

The Régie de l'assurance-automobile must direct its attention to procedures for obtaining a driver's licence for a handicapped person with a view to eliminating problems which cause needless delays. This must be done in such a way that the handicapped will obtain their permit in about the same time it would take for everyone else.

Exemption from Sales Tax

22. *That the ministère du Revenu:*

- *expand, for tax exemption, rules applying to the purchase of an adapted vehicle for all handicapped persons who buy such a vehicle, whether they drive it themselves or someone else drives it for them.*

There are some handicapped persons for whom the purchase of their own car is the best solution to their transportation problems. However, if they cannot, or do not wish, to drive themselves, they must have recourse to one, or several, drivers. Presently these persons are not eligible for exemption of the tax on the purchase of an adapted vehicle, even though they incur the same expenses as others who drive their own cars. Measures related to this tax exemption must be modified to this effect.

13.
Accessibility

Introduction

How can a person possibly share the life and experiences of his fellow citizens when he runs into barriers keeping him from school, playgrounds, work, stadiums, etc.? Architectural and environmental accessibility is, therefore, a vital element for community life.

The situation

In Québec, there are two legislations which contain measures governing accessibility to public buildings. The Building Code, adopted in 1976, stipulates standards of accessibility for buildings constructed since the first of December 1976. Section 69 of an Act to secure the handicapped in the exercise of their rights provides measures to assure that buildings constructed before that date will be accessible. The construction date of a building, then, is an important fact to consider in determining the conditions which prevail there.

Buildings erected after 1976 should be completely accessible to the handicapped, in principle, by virtue of the Building Code; however, the situation is not always this uncomplicated.

- The Code does not provide standards of accessibility for those with visual or aural impairments.
- Arrangements for motor limitations are not yet completed: fitting rooms, sales counters, for example, have not yet been modified.
- Nor are there specific standards for the obese. They benefit from adjustments for those with a motor impairment, but still must deal with their own particular barriers.
- Many owners do not conform to the accessibility standards of the Code, and there are not enough inspectors to enforce them.
- The majority of buildings with fewer then four floors and of 279 square metres are not subject to the accessibility standards set down in the Code.
- There is absolutely no standard for security nor any evacuation procedure allowing for the various categories of functional limitations.
- Those engaged in this work, architects, clients, builders, inspectors, generally, are not well informed.
- Inspection procedures were among the first to fall to budget cutbacks.

Section 69 of the *Act to secure the handicapped in the exercise of their rights* stipulated that owners of buildings constructed before 1976, subject to the Act on safety in public buildings or to the Workmen's Compensation Act, have to present a plan for modification to make their building accessible within three years after its approval. Up till March 1983, there was still no regulation permitting enforcement of the Act.

Certain municipalities adopted a building regulation which contains standards more demanding than those of the Building Code. This is especially true in Sherbrooke and Montréal.

Regarding government buildings, among others, provision is made for social affairs network buildings to be completely accessible before 1985 and those of the education network by 1991.

THE COMMITMENTS OF THE SOCIO-ECONOMIC CONFERENCE

MINISTÈRE DU TRAVAIL, DE LA MAIN-D'OEUVRE ET DE LA SÉCURITÉ DU REVENU(1):

- to adopt a new Building Code which integrates the principles of universal accessibility and is applied to small buildings, during the year 1982;
- to publish the regulation contained in section 69 during the same year.

CHAMBRE DE COMMERCE DU QUÉBEC:

- to inform all its members of the advantages of eliminating certain physical barriers in business.

UNION DES MUNICIPALITÉS:

- to meet with the promotional organizations to discuss the application of accessibility standards.

(1) Responsibility given in 1982 to the ministère de l'Habitation et de la Protection du consommateur.

The objectives

1. The right of access for all handicapped persons to public buildings and to public facilities

Preventing one or more persons, through discrimination, from having access to a public building to obtain the goods and services which are available therein, is forbidden by section 15 of the Charter of Human Rights of Freedoms. The handicapped must have access to public buildings along with their fellow citizens. They must also have access to public facilities.

This objective must be achieved in accordance with the legal provisions concerning architectural and environmental accessibility. Even for buildings not under this law, the refusal to admit a handicapped person can be justified only if it is physically impossible for him to overcome the architectural barriers, or for his safety.

2. Universal accessibility of new public buildings and the maximum accessibility of present public buildings

Public buildings means commercial and industrial buildings according to the Building Code, or, generally speaking, any building to which the public has access, including apartment buildings which have an elevator.

Respect for the rights of the handicapped implies that we seek means to apply this principle of universal accessibility to public buildings. Therefore, there must be no architectural barriers in the construction of new buildings. All alterations and repairs to existing buildings must be done in accordance with accessibility standards. All existing public buildings must be modified, as soon as possible, to conform to these standards, keeping in mind the money involved and what resources are available. Construction standards must be revised and adapted to conform as much as possible to the principles of universal accessibility.

Some examples of universal accessibility measures:

- access to the street without steps, or at least a ramp;
- wider doors, at least 0.86 m, to permit passage of the handicapped in a wheelchair;
- toilets, of a suitable size, with doors opening outwards, and which are equipped with support bars making it easier to transfer from wheelchair to toilet;
- elevators or ramps to go from one floor to another;
- sufficient lighting for persons with impaired vision;
- skid proof flooring to facilitate the moving about of those with gravity problems;
- adapted turnstiles;
- washbasins, urinals, telephones at various heights for use by persons of any height;
- a tactile signal system, either making a sound or visual, in elevators and buildings to facilitate moving about for those with visual or hearing limitations;
- provisions for safety and evacuation of the handicapped such as traffic islands and an evacuation plan.

3. Information on universal accessibility for architects, engineers, builders, owners and commercial establishments

It is of the utmost importance that the abovementioned persons be well informed about what steps are needed to make their buildings accessible for all types of handicapped persons and that they be very careful to respect their rights.

4. Responsibility of building owners for architectural accessibility

Since the owner has ultimate responsibility for the building, he must also be responsible for allowing access therein to all his fellow citizens, without discrimination. He must assume the cost of changes or any equipment needed to make the building accessible to all types of handicapped persons.

In the case of a building constructed before 1976, it is incumbent on the owner to prove that the necessary costs or the purpose of the building do not warrant making it accessible to one or more types of handicapped persons.

5. Uniform application of architectural accessibility standards throughout Québec

Accessibility standards must be the same, and applied in similar manner, throughout Québec. The Building Code presently contains minimal accessibility standards which all municipalities must follow. In addition to applying these minimal standards within their jurisdiction, they must undertake the accessibility of public properties not included in the Building Code, such as parks, playgrounds, sidewalks, etc.

6. Consultation with the promotional organizations to make public places accessible to the handicapped

Promotional organizations are fully aware of the needs for accessibility of the handicapped. As authorized representatives of the citizens directly involved, they are obliged to assure that the application of these standards truly allows the handicapped to move about more freely in the physical environment. The various persons involved in this field will have to co-operate fully with the promotional organizations in their area so that the application of the proposed measures really satisfies the needs.

Recommendations

Standards

1. *That the ministère de l'Habitation et de la Protection du consommateur:*

- *amend the Building Code to include accessibility standards which take into account all types of functional limitations of the handicapped;*
- *consult with promotional organizations and other concerned social partners, in order to accomplish this.*

2. *That the ministère de l'Habitation et de la Protection du consommateur, in co-operation with the municipalities:*

- *make sure that the new Building Code which they intend to adopt, is applied uniformly throughout Québec;*
- *broaden the application of the Building Code so that buildings of less than four storeys must conform to its accessibility standards;*
- *integrate into the new Building Code standards regarding safety and evacuation measures for those persons with varied functional limitations.*

The new Building Code will have to include provisions that all public buildings be accessible to all the handicapped, regardless of their functional limitation, in addition to safety standards for everyone. The Department will have to set up adequate surveillance methods and determine substantial fines for offenders, in order that these standards be obeyed across Québec. It must also assure municipal participation in the application of this recommendation.

3. *That the gouvernement du Québec:*

- *adopt regulations permitting the application of section 69 of the Act to secure the handicapped in the exercise of their rights, according to the recommendations of the OPHQ.*

Fiscal measures

4. *That the ministère de l'Habitation et de la Protection du consommateur:*

- *consider the possibility of setting up a programme of fiscal measures to encourage owners of small buildings constructed before 1976 to make them accessible.*

Owners of small buildings might show considerable resistance to applying the accessibility standards, especially in those buildings where the income from rentals is fairly small in relation to the size of the investment required to make the building accessible. The ministère de l'Habitation in co-operation with the ministère du Revenu should study the possibility of fiscal measures for the benefit of these owners.

Such a measure, however, must not lessen the responsibility of the owner to apply the principle of accessiblity, or subsidize citizens to conform to the law.

Information

5. *That the ministère de l'Habitation et de la Protection du consommateur:*

- *assume the responsibility to inform all those concerned in architectural and environmental accessibility, about the standards contained in the new Building Code.*

Along with the application in the new Building Code, and the regulation of sections 69, 70 and 71 of the Act assuring the handicapped in the exercise of their rights, the ministère de l'Habitation must initiate an information campaign. The OPHQ has already offered to participate; professional corporations involved and the promotional organizations can give some assistance in this quarter.

With the faculties of architecture and engineering of the universities, the Department must also assure, that they will include the universal standards of accessibility in their courses.

Guidelines for application

6. *That the ministère de l'Habitation et de la Protection du consommateur, together with the promotional organizations:*

- *work out and distribute guidelines for the application of architectural accessibility standards to accomplish changes at a minimum cost but yet to respect the dignity of the handicapped.*

There can be some very costly modifications which do not suit the real needs of the handicapped. For example, the building of access ramps at an exorbitant price which jeopardizes the construction of other ramps elsewhere; or indeed, installing access ramps at the entrance to stores, etc.

In order that the various workers involved can avoid these errors, the ministère de l'Habitation must draw up and distribute guidelines as to the simplest and least costly methods for making buildings accessible, while respecting individual dignity. For this task, it can be assured of participation by the promotional organizations which are very competent in this area.

Business

7. *That the Chambers of Commerce:*

- *see that their members are fully aware that it is time to adapt all the installations in their commercial establishments to deal with the functional limitations of the handicapped so that, in future, it will be a great deal easier for them to make use of them to obtain goods and services just like other consumers.*

The handicapped must be able to take advantage of commercial set-ups just like any other consumers. Consequently, merchants must, for example:

- provide lower counters for persons in wheelchairs;
- display merchandise at various heights on shelves;
- supply statements in large print or in braille when necessary, etc.

The Chambers of Commerce must make their members aware of these needs, at the same time realizing that they would reap the benefits of an increased clientele in the handicapped.

Participation

8. *That the ministère de l'Habitation et de la Protection du consommateur and municipalities:*

- *invite the promotional organizations to take an active part in the application of architectural accessibility standards.*

The Department and municipalities should also obtain the co-operation of promotional organizations as this is very important for the application of these standards. The presence of these organizations will be an advantage to them wherever they have to apply some proposed measures, and the organizations themselves will be better informed and will be better able to act in their promotional role.

Exchanges between municipalities

9. *That the Union des municipalités du Québec and the Union des municipalités régionales de comté:*

- *take the necessary measures to share information about experiences their members have had in applying the principle of accessibility so that all the municipalities may benefit therefrom.*

Several municipalities, while actively engaged in making their buildings and property accessible, have found, occasionally, simplified and less expensive answers to problems. It would be a great advantage for other municipalities to be able to profit from them.

Environment

10. *That the municipalities:*

- *be motivated by universal accessibility standards to make accessible the adjacent surroundings, which do not actually come under the law, for the setting up of road signs as well as physical barriers.*

Playgrounds, sidewalks, parks, public places, etc. are not included in the Building Code; however, the handicapped must be able to have access to them like other citizens. The municipalities have the responsibility to make them accessible, using as their example the present standards for public buildings.

In addition, the setting up of road signs in public places must be undertaken with consideration for functional limitations in communication and mobility.

Research

11. *That the Conseil des universités, co-operating with the ministère de l'Habitation et de la Protection du consommateur:*

- *encourage further research into architectural and environmental accessibility.*

Universities must encourage research to develop more suitable and less costly techniques and changes. They must promote this research in accordance with planners and subsidizing organizations. They must also maintain a good relation between planners and all those working in this field to make sure that the proposed solutions truly meet the needs.

This research must contribute to modifying present standards of construction so they will conform to universal accessibility. By the same token, research in town planning must definitely include this care to make the urban environment universally accessible.

14.
Communication

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Introduction

Means of communication, which includes the different media in current use in our society for obtaining information and sending messages, are indeed integrating agents. Many handicapped persons have no access to them and in this way remain somewhat apart from what people are saying and thinking in the social community.

There are four principal means of communication in use in our society today:

- the telephone;
- printed matter (books, newspapers, personal correspondence, etc.;
- person to person communication;
- audio-visual (television, movies, etc.).

Special attention must be paid to governmental and para-public information and to those private service entreprises, which cover these four fields of communication. We must also give some thought to means of communication foreseen for future use.

The situation

The telephone

It would be difficult to form an accurate picture of how North American society functions, without taking into consideration telephone communication. Truly an extension of hearing and speech, the telephone has become such a necessary tool that it would be impossible to do without it. However, there are some people for whom the telephone remains still *"a device for others"*, in spite of many efforts made in this field.

Persons with limited access to the telephone

All the large categories of persons with disabilities (vision, hearing, speech, mobility, thinking, etc.) have some needs in regard to this media. When we think of the various steps in the use of the telephone (finding the right number, picking up the receiver, dialing the number, giving and receiving communication) it is easy to imagine how one disability could hinder, or indeed prevent, use of the telephone. Moreover, access to telephone service is not limited to residential lines but also includes public phones.

Bell Canada

The adaption of telephone equipment for the handicapped is an integrated part of the tradition of Bell Canada. This corporation has submitted to the Council for Broadcasting and Canadian Telecommunications a plan aiming at accessibility of telephone service over its whole territory which includes 80% of the Québec subscribers. The plan has been accepted and includes several measures to facilitate telephone use for the handicapped (Telecentre for the handicapped, reduced long distance rates for those using teleprinters, reduced monthly rates for certain equipment, a set of equipment to assist the handicapped or specially designed for them).

Enterprises under Québec jurisdiction

Public telephone enterprises under the jurisdiction of the Régie des services publics du Québec, offer service to 20% of the population of Québec who are spread out over 80% of the territory. Télébec and Québec Telephone are the most important enterprises under Québec jurisdiction and, like Bell Canada, they, too, have established a tradition in regard to the handicapped. Québec companies must conform to the requirements of section 68 of the Act to secure the handicapped in the exercise of their rights. With this in mind, those enterprises have submitted plans to the Régie for the purpose of assuring access to complete telephone services for the handicapped throughout the territory served by them.

Proposal of the Régie des services publics

The proposal sent out by this Régie, in May 1982, is directed to sixty-nine telephone companies. It drew up a plan for uniform development in all the companies involved. This plan analysed all the needs, according to the main categories of limitation, and outlines various measures to assure access to telephone services for the handicapped. Moreover, the steps which led to this plan stand out because of the continuing cooperation between the Régie des services publics and the telephone enterprises in working out adjustments suitable to the needs of the handicapped. Here are some of the main directives contained therein(1).

- Conformity of terminology and equipment offered by the different companies to facilitate access for the handicapped to telephone services.
- Eligibility requirements for free directory assistance and other services and equipment offered (certificate regarding need from a qualified health professional).
- Access to public telephones (standards for physical accessibility and exemption from charge in order to make it easier to call from a public phone).
- Access to information contained in the telephone directory for all categories of the handicapped.
- Long-distance rate applicable to the use of teleprinters: 50% reduction.
- Monthly rates for rental of equipment to compensate for the disabilities of the handicapped — significant reductions.
- Informative programmes for the handicapped.

Despite these measures which are just as favourable for public telephones enterprises under Québec jurisdiction as they are for the Council for Broadcasting and Canadian Telecommunications, money for equipment needed by the handicapped to use the telephone system is not always assured. For example, the purchase of a teleprinter[2] is difficult to attempt for the majority of persons with severe speech or hearing disabilities.

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(1) See the ordonnance by the Régie des services publics, issued on May 26, 1982, or *OPHQ* 1982-4, entitled *L'accès au téléphone*.

The telephone networks for public and private service

A government sends out and receives some thousands of messages daily by telephone. The same is true for the para-public sector and private service enterprises. However some citizens, who have to use some form of technical adaptation to communicate by telephone (teleprinter) or who experience difficulty in verbalizing their requests for information, cannot use the telephone to get this information.

For people with severe hearing and speech limitations, the "voice" media does not apply at all. Moreover, offices are not equipped to receive calls from devices which send a written message (teleprinter). So it is a fact that a person using a teleprinter can only communicate with another teleprinter.

As far as people with difficulties in making themselves understood are concerned, there is not a great deal that can be done about their telephone conversations.

Printed matter

Printed matter includes, over and above books, newspapers, periodicals, all technical material, advertising and printed information for public use, systems for information printed by electronic media, in short, every use made of printed matter for communicating in our society.

Persons with limited access to printed matter

Many people have disabilities in regard to printed matter, and these are not only people with visual impairments as one would be inclined to believe. For example, those who have motor dysfunction or difficulties in perception, may have problems handling printed papers. Also, people with a severe hearing impairment from an early age[3], and even an intellectual impairment, are not able to make full use of printed matter.

Steps taken in this area

Much of the effort undertaken to make printed matter more accessible to these people centres around producing and distributing media which will substitute for the printed word. These efforts do not fully supply what is needed, which is due in a large part, to the lack of a defined policy and continued support from the government.

Different resources have been instituted in Québec thanks to community efforts. In slightly different ways, they all attempt to fill certain needs, with texts in braille, use of magnetic tape or large print. The principal resources are:

- aid for those with poor vision in Québec (large print)
- Institut Nazareth et Louis-Braille (braille and taped books)
- Magnétothèque — (taped books)
- Converto-Braille — (braille)
- Canadian National Institute for the Blind (taped books)
- Montréal Association for the Blind (limited output in braille and on cassette for English clientele)

Certain school commissions also produce instructive material adapted for their students with visual impairments. Generally speaking, the English population of Québec profits more from the substitute media because it has access to large American collections of books which are taped or in braille.

Things missing

In spite of these resources and the serious efforts for co-operation instituted by specialized organizations in the substitute media, many gaps remain to be filled.

- The technical aids required to make sure use of printed matter are not accessible to the majority of people who could benefit from them. Indeed, the programme for technical aid for people with visual limitations applies only to those under 36 years. As for the aid programme for people with a motor impairment, it includes no technical aid for reading at all (tape recorder for taped books, page turners etc.)
- Only a very small number of French books is available in Québec in sound form, braille or large print;
- a very restricted number of French periodicals is available through substitute media;
- adequate financing of specialized organizations within the substitute media is not assured;
- the role assumed by specialized organizations involved in the production and distribution of the substitute media is not officialy recognized;

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(2) Sold at about $350 in 1982 by the telephone enterprises.

(3) A difficult access to school often causes conceptual development problems for persons having an aural disability: those problems hinder an easy understanding of written texts.

- newspapers and information on day-to-day life, remain inaccessible to those who cannot use printed matter;
- with some producers, the technology used in producing things in braille, the taped book or in large print, is out of date;
- production standards of the specialized organizations in the same field, are incompatible;
- the population, handicapped as to the use of the printed word, is not officially recognized by all the organizations involved (in their loan policies and their projects);
- there is a lack of dialogue between the specialized organizations in the substitute media;
- the impact of the latest technological developments for producing things in braille on the needs of users with a visual impairment, has not been studied enough to form a consistent policy with regard to the future;
- little effort has been made to using good printed road signs, as much for those with restricted vision as for those who are limited in their understanding of the written word.

Public and Para-public Documentation

Information on the public and para-public sectors is a big source of printed documents. However, this great number of papers on information, reports, personal files, etc. remains inaccessible, largely, to those people who are not able to read printed matter or understand the written language. On the one hand, the transcription of printed documents in the form of adapted material is not wide-spread practice; on the other, bureaucratic jargon would "handicap" even more those persons who need different means of communication.

The needs of the handicapped also came under discussion at the time of working out the Act on access of the Citizen to government information and on the protection of personal information. This Act, approved in June 1982, does not embody the exact changes recommended by the OPHQ, but, nevertheless, it does include some measures which would make for easier access to documents of public organizations. In effect, there were some directives which granted the power to stipulate special conditions of access to the organization responsible for the enforcement of this Act to take into account the special needs of the handicapped, among others.

Audiovisual media

Persons with limited access to audio-visual aids

Often, the persons with serious hearing and visual disabilities are the ones who do not have access to audio-visual media. They cannot fully benefit from televised broadcasts, films at the movies and other forms of audio-visual communication. However, there are some technological solutions and very simple practices which could solve at least part of the problem.

Incomplete responses to needs

Some effort had been made to make television more accessible: some programmes with subtitles, broadcast by Radio-Canada, for example. Up to the present time, broadcasters operating in Québec have not made the necessary investments to implement the technological solutions. Moreover, the sub-title will not expand to its maximum unless the federal Canadian Agency on the development of captioning becomes operational and offers its services to all the television channels.

However, the production of closed captioning; i.e. appearing on the screen only by means of a decoder to pick up the written text, requires sophisticated and costly techniques. The Canadian Agency on the development of captioning was set up in Montréal at the end of 1982, for French programmes. To pick up the sub-titles of precodified programmes would mean acquiring a decoder which costs some hundreds of dollars.

Regarding daily information programmes (news broadcasts, public affairs programmes), very little has been done to make them accessible. Pre-codification is not suitable because it takes too much time. Visual language in a part of the screen reserved for this is actually the only adequate means. There are several sign languages in Québec, and not everyone with severe hearing disabilities has learned them.

On the other hand, those who do know one sign language (usually someone who has been deaf since infancy) may have a hard time reading sub-titles due to lack of education. Thus, no method is completely suitable; nevertheless, captioning seems to be the most suitable at the moment.

Contrary to current belief, people with restricted vision do look at, or listen to, television according to the extent of their disability. The opposite is true of people with hearing disabilities, the printing appearing on the screen is difficult to read sometimes and they miss part of the information if an audible message does not accompany the text.

And finally, very few public places are equipped to facilitate access to audio-visual information and to conferences, by those who use hearing aids.

Audio-visual communication in the public and private sector

The government and some para-public organizations frequently use audio-visual equipment, television and diaporamas to inform people about the services and programmes they offer. The private sector also uses television, with great success, to sell its products. This information remains inaccessible to quite a few Québec citizens.

Face to face communications

Persons who are limited in one on one communication

The final means of communication we deal with here is that one which has always characterized human societies: direct contact between human beings using, at the same time, language and non-verbal signs. It is not difficult to imagine how a sensory impairment can jeopardize such communication; hearing and speaking are indispensable for verbal communication, also seeing, in order to pick up the non-verbal signs of person to person communication.

Obstacles

The success of a programme of adaptation enabling a person with a serious hearing limitation to communicate by using some suitable means (verbally, total communication; gestural communication) by no means assures that this person can communicate without problems in encounter situations. The same is true for those persons with a disability in their verbal expression due to a physical or mental impairment, who use a non-verbal means of communication, such as Bliss, for example. Basic elementary knowledge of these means of communication is known only to a small number of speakers.

For the most part, the public ignores the characteristics and needs of the different categories of handicapped persons. The informative efforts of some associations to make known the different means of communication used by the handicapped, have had a small impact up till now.

Public and private services sector

In regard to government services and those of para-public organizations, the situation is more serious because services, programmes, information etc... are involved and these should be available to the population as a whole. Private service enterprises, which have the advantage of reaching all their potential clientele, do not offer any more appropriate services to persons using different means of communication.

Those whose verbal communication is limited, experience considerable difficulty with personnel employed in public places. In general, this shows a lack of awareness regarding the particular situation of each category of handicapped persons, since *"front line" personnel* (those dealing with the public) are not trained to converse by means of adapted methods. There is not even much concern to help a person with a visual limitation to fill out a form. Like most people, many employees are embarassed in the company of a handicapped person and do not know very well how to react.

New methods of communication

There is some progress almost every day in the area of telecommunication, but, as a general rule, there is scarcely any thought given to access for the handicapped to the means of communication envisaged for the future.

The Télidon system is a striking example of this; "for those who are handicapped in regard to printed matter, Télidon is just not a resource since it is essentially a visual system. For it to become useful, restrictions resulting from partial vision or blindness must be eliminated".(4)

In other areas, there are means of communication developed just for the handicapped, without giving a thought as to whether they will fit in with present systems. For example, the electronic teleprinter is used more and more by persons who cannot talk on the telephone; however, it allows communication only with other equipment of the same type so, in this way, it is unable to work in with all the other networks of teleprinters in use presently, including business network. Its utility is therefore very limited and creates a closed network for the handicapped who are using it.

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(4) *Les besoins des handicapés de l'imprimé en matière de télécommunication*, Hicking-Partners, June 1981, p. 66: a study for the Department of Communication of Canada.

The content of the information

Among the problems related to the type of media being used, there are some which deal with the content of the information given out. There are various differences in this information, according to whether it concerns the handicapped, the professionals who work with the handicapped or the public in general.

Only too often, the handicapped do not know about services and programmes which have been set up to help them, nor do they even know about those open to the population as a whole, from which they could derive some benefit. This lack of information is not limited only to public and para-public services, but extends also to the presence and activities of organizations which could inform, advise, represent or otherwise promote integration of the handicapped.

Also very serious, if not more so, is the meagre amount of information for the various personnel who are regularly in communication with the handicapped or who contact them occasionally. Often, this hinders them in assuming their role as to reference and advice.

For the population as a whole, information is of extreme importance, as much for the prevention of impairments as for the integration of the handicapped into society. In particular, recognition of the handicapped in public remains centred around their impairment. Information and certain practices related to fund raising often perpetuate this handicapping mentality. We do not really understand how much prejudice and physical barriers add to the handicap situation. In this regard, the professionals and the handicapped themselves often are lacking in awareness.

THE COMMITMENTS OF THE SOCIO-ECONOMIC CONFERENCE

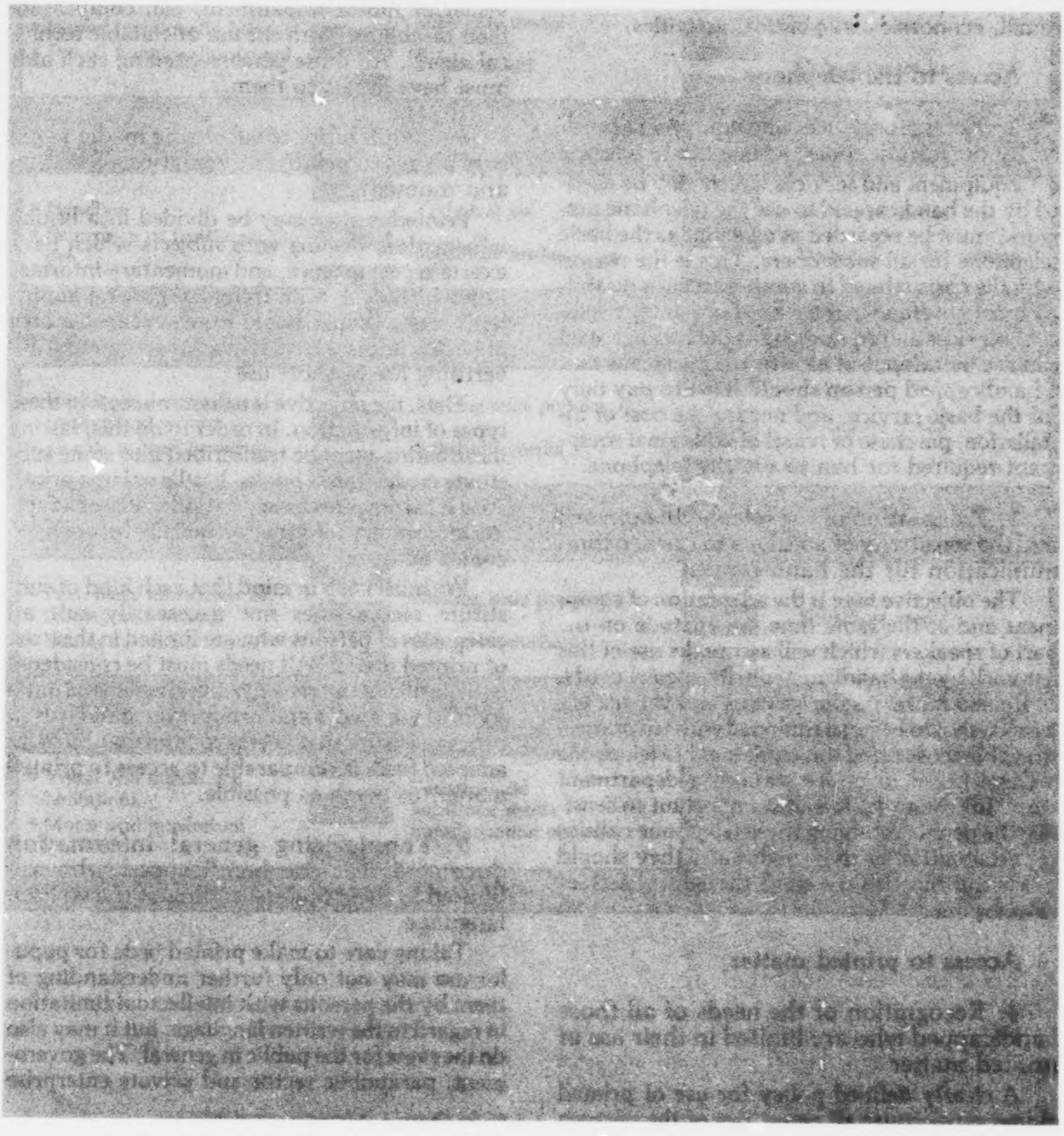
MINISTÈRE DES COMMUNICATIONS

- to recommend to all Department and Government organizations, as well as availing itself of the services of the Board of Directors for Communications... accessibility to the principal government publications in substitute media form, for the clientele concerned.

OPHQ

- in co-operation with the ministère des Communications, to compile a data bank for easier access to information for the handicapped and those working with them.

The objectives



Access to means of communication

1. Adaptation of means of communication to the functional characteristics of the handicapped

We must eliminate obstacles which prevent the handicapped from using the means of communication of our society because of their disabilities; a systematic adaptation of communication methods in line with the functional characteristics of the handicapped will do a great deal to help them participate in socio-cultural, educational, economic and political activities.

Access to the telephone

2. Access to services and equipment needed by the handicapped to use the telephone

Equipment and services which may be needed by the handicapped to use the telephone network, must be regarded as essential as the basic telephone for all subscribers. This is the reason why the costs related to compensating a disability must not stand in the way of obtaining necessary services and equipment so the handicapped can use the telephone network. This means that a handicapped person should have to pay only for the basic service, and not for the cost of installation, purchase or rental of additional equipment required for him to use the telephone.

3. Adaptation of the telephone network and the sensitivity of speakers to further communication for the handicapped

The objective here is the adaptation of equipment and at the same time, an attitude on the part of speakers which will assure the use of this network by the handicapped with special needs. More and more, public services and private enterprise should become equipped with teleprinters to enable those using this equipment to telephone a Department, a police station, a department store, for example. It is also important to sensitize the people receiving these telephone calls as to the situation of the persons and they should be careful to offer the same thoughtful service to everyone.

Access to printed matter

4. Recognition of the needs of all those handicapped who are limited in their use of printed matter

A clearly defined policy for use of printed matter must cover all categories of the persons involved; those who have visual, motor and mental limitations or difficulties in conceiving their own thinking. Their specific needs vary a great deal, indeed often in very subtle ways, according to types of impairments and extent of disabilities. The following diagram shows the outstanding needs and the means to deal with them.

5. Access to technical aids according to the needs of the handicapped who are limited in their use of printed matter

Many of these people, especially those with visual or motor impairment, can compensate their disabilities with the use of suitable technical aids(5). All those persons needing such aids must have access to them.

6. Availability of substitute media to assure access to printed information — lasting and momentary

Printed matter may be divided into lasting information, dealing with subjects which have a certain permanence, and momentary information which deals with things of passing importance. For example, books in general are a source of lasting information, while newspaper and advertising are of short use.

Thus, the objective is to assure access to these types of information. In order to do this, lasting information must be transcribed into some substitute media (taped books, braille or large print). Also it becomes necessary to find a way of adapting momentary information quickly before it becomes outdated.

We must keep in mind that each kind of substitute media does not necessarily suit all categories of persons who are limited in their use of printed matter. All needs must be considered with particular attention being given to the quality of these media and production standards in order to ensure that access to information in an adapted form is comparable to access to printed matter, as much as possible.

7. Popularizing general information documents for the handicapped who are limited in their understanding of the written language

Taking care to make printed texts for popular use may not only further understanding of them by the persons with intellectual limitation in regard to the written language, but it may also do the same for the public in general. The government, parapublic sector and private enterprise

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(5) See Chapter 6, *Adaptation and rehabilitation*.

[illegible]

[illegible]	[illegible]	POSSIBLE NEEDS [illegible]
[illegible]		
• Person functionally blind • Person functionally sighted	Substitute media Technical aid	Technical aid Substitute media
[illegible]		
• Handling • Perception or fixation of the eye	Technical aid Substitute media	Substitute media Technical aid for writing
[illegible]*		
• With basic knowledge of reading and writing • Unable to read or write	Making texts popular Substitute media	Substitute media
[illegible]		
• With basic knowledge of reading and writing • Unable to read or write	Making texts popular Substitute media	Substitute media
[illegible]		
• Visual and intellectual limitations • Motor and intellectual limitations	Technical aid Substitute media Popularization of texts	

*[illegible]

have a responsibility in this area. Also it is to their advantage to make themselves understood. Frequently, a document may become popularized by changing media.

Access to audiovisual

8. Adaptation of audiovisual documents for persons with sensory disabilities

Audiovisual documents means television broadcasts, films, projectors and all other types of recorded communication involving both sound and sight. Thus, they must be adapted to further access to them by the handicapped who cannot hear sound tracks, see a picture or written words. The government broadcasting chains, cable distributors and film producers, private as well as public, have a very important part to play in making this media accessible to everyone.

9. Equipment for entertainment places and conferences to further participation of those with limited hearing

Participating in life in our society means also being able to enjoy forms of entertainment and to follow discussions taking place at conferences. However, this can be difficult, if not impossible, for those who wear hearing aids if the equipment necessary for their hearing does not exist in conference halls and entertainment places.

Person to person communication

10. Adaptation of public, parapublic and private services to adapted methods of communication

A society which truly respects difference, must be in a position to facilitate person to person communication for those who do not behave or express themselves in ordinary fashion. For this reason, it must be more knowledgeable about these means of communication for them to serve their purpose. The government and the parapublic sector must make sure that there will be personnel who know how to communicate by using adapted methods in reception services. Private enterprise, especially service industries, has a similar responsibility.

11. Making people aware of the functional characteristics of the handicapped in person to person situations

Just knowing about adapted means of communication is not enough: personnel must be made aware of the various characteristics of certain handicapped persons in encounter situations. This is particularly the case for those whose behaviour or appearance may cause fear or lack of understanding on the part of a person speaking to them. As an example, a person with motor problems affecting his coordination, might be mistaken for a person under the influence of alcohol by the police. Employees of the government, parapublic services and private service industries are a top priority in such actions to sensitize society in general.

New means of communication

12. Systematic adaptation of new means of communication for the handicapped

Efforts on the part of the handicapped to integrate into society till now are marked by a sort of making up for lost time, both in physical and social adaptation. It is time for a more organized approach to the needs of all people in the planning for progress and accomplishment. It is also economic good sense; adapting equipment and techniques in the planning and development of the originals is much less costly than changes made afterwards. In addition, these new means of communication can indeed increase the social independence of persons with severe communication disabilities.

Policy on information

13. Availability of information for the handicapped to be supportive to them in their integration into society

The information given out must futher their independence, their participation in decision making, a normal quality of life, maximum development of their potential and their total participation in the life of our society.

There are two main categories of useful information for the handicapped to support them in the integration process. Firstly, information for all the handicapped, no matter what their type of impairment or disability (laws, several programmes and services, services offered to the handicapped as a whole). Then, information about services which are meant especially for one category of handicapped persons, and information about the associations involved in bringing together persons with the same types of impairments or the same interests.

It is important to define the categories of persons who might benefit from specific information according to their type of impairment or disability. Practical information must touch upon all sectors of activities and interests. One other aspect to be considered is participation of the handicapped and their promotional organizations in determining content and offering practical advice based on real life experience.

14. Giving out information to the professionals to help them support integration of the handicapped

This involves professionals in health and social services, specialists in adaptation and rehabilitation. Staff (paid or volunteer) of service organizations especially for the handicapped employees and volunteers of promotional organizations, members of the family of the handicapped person, in short, all persons who join together to support the handicapped in their integration process.

Professionals and the handicapped have a similar need for information. A sound knowledge of current programmes and resources is essential to further the efficient passing on of information to the handicapped and the appropriate referrals. Professionals should also be very sensitive to the needs and characteristics common to the broad categories of the handicapped, and especially to their potential for integration. So they may take appropriate action for them. The right approach should be taken to bring together the various professional groups and to involve them in the preparation of information content.

15. Information provided to the public which is compatible with the directions of ON EQUAL TERMS

In the final analyses, we can not overcome obstacles in the way of social integration of the handicapped without speaking of the public in general. The many efforts to increase public awareness must convey suitable messages in line with the trend for social change which we are contemplating for the future. Prejudice and other social barriers will not disappear if the public does not understand its part in the handicapped situation, especially in its pitying attitudes and its acceptance of stories about the handicapped.

There must be a complete change in the public image of the handicapped. We must stress the capabilities and potential for social integration of these persons, rather than their impairment. When we come to understand that a so-called mentally impaired person, another in a wheelchair, or one with a guide dog are people like ourselves, able to accomplish certain tasks, but also like us, unable to do some others, the barriers to integration into society for the handicapped will diminish considerably. It is of prime importance to make young people aware of the situation. This sector of the population, in the maturing stages, is more apt to learn from it, since they have not yet become prejudiced and influenced by misconceptions regarding the handicapped. This a long term project, and we must make sure that the future decision makers of Québec will become involved in changing the attitutes of society.

Recommendations

Access to means of communication

Training

1. *That the ministère de l'Éducation and the Conseil des universités:*

- *make sure that High school and university programmes in the field of the art and technology of communication teach students about the specific needs of the handicapped in relation to each kind of media.*

Telephones: rates

2. *That the Régie des services publics, in coopération with public telephone enterprises under its jurisdiction, and the Council for Broadcasting and Canadian Telecommunication, in co-operation with Bell Canada:*

- *adjust their rate scale so that equipment needed by the handicapped to use telephone be provided at the usual monthly basic rate.*

This recommendation applies solely to the handicapped who need additional equipment to compensate a disability, which is included with the equipment available to the general public. It does not apply to equipment designed especially for the handicapped such as the teleprinter.

Telephone: technical aids

3. *That the ministère des Affaires sociales and the Régie de l'assurance-maladie:*

- *include the teleprinter on its list of equipment guaranteed by the programme to assist hearing;*
- *include there, after evaluation, the equipment which is, or will be, on the market and likely to assist the handicapped in using the telephone.*

As public enterprises responsible for the public, telephone companies must assume their share of these costs. The government is responsible to assure access to technology which promotes the integration of the handicapped. It seems logical that the State assume the cost of equipment designed especially to enable the handicapped to use the telephone and should guarantee this for the future, too.

Telephone: government information

4. *That Communication-Québec and the various departments and public and parapublic organizations offering service to general public:*

- *aware their personnel who are in contact with the public on the telephone to the needs of those persons who have problems in verbal communication;*
- *equip their offices with teleprinters;*
- *make the necessary arrangements to adequately train personnel in charge of this equipment.*

The role of Communication-Québec is vital, because of its mandate to give information by telephone to the public regarding all government services. The departments and public and parapublic organizations which give information regularly to the general public must be in a position to receive calls by teleprinter. For the time being, regional offices of Communication-Québec can be a relay between teleprinter users and public services which are not yet equipped to receive such communication. This relay service must be available outside office hours to fill the needs of teleprinter users in an adequate fashion.

Telephone: private sector

5. *That the Conseil du patronat du Québec, Chambers of commerce and other employers associations in the private sector:*

- *urge enterprises doing business with the public to equip their sales offices and customer services with teleprinters or other means of communication and to promote adequate training to the staff who would be in charge of them;*
- *urge such enterprises to see that their staff in charge of the telephone are aware of certain needs with a view to facilitating telephone communication for persons with problems in verbal expression.*

Becoming equipped with a teleprinter is a minor outlay for an enterprise. Employers associations play a central part in this information process, because the objective is to bring together as many enterprises as possible. In the private sector also, personnel in charge of the telephone must try to understand requests from persons who express themselves differently or who have speech impedements.

Printed matter: co-ordination

6. *The Office des personnes handicapées du Québec undertakes to:*

- *further co-ordination between the leading authorities involved in developing better access to printed matter.*

Printed matter: clientele

7. *That all departments, public and parapublic organizations, specialized organizations in the substitute media, and private enterprises:*

- *draw up their policy on access to printed matter keeping in mind that persons with this disability are not only those with a visual impairment, but also those with any impairment which limits their reading or understanding of a printed text.*

Printed matter: technical aids

8. *That the ministère des Affaires sociales and the Régie de l'assurance-maladie du Québec:*

- *include after evaluation in their programmes for technical aids all the equipment to promote access to the printed word;*
- *include in their programmes, after evaluation, all new equipment promoting access to the printed word.*

Technical aids, such as tape recorders and automatic pageturners, should be included on the list of aids guaranteed in the programme for prosthesis and orthopedic equipment for the use of those who have a motor impairment. Programmes for techical aid must meet all the needs of the handicapped, without discrimination in regard of age or impairment.

Printed matter: public documents

9. *That the Commission d'accès à l'information, in charge of the Act on access to documents of public organizations and on protection of personal information:*

- *consider, in its regulations, recommendations already put forward by the OPHQ to assure the handicapped who are limited in their access to printed matter in the exercise of all the rights formally recognized by this law.*

10. *That all Departments and public organizations.*

- *urge their personnel to further the popularization of information documents and reports which might be consulted by the public within the Act on access to documents of public organizations and on protection of personnal information.*

Printed matter: substitute media

11. *That all Departments and public organizations:*

- *devote a part of their budget on communication, normally used to printed documentation, to making available their information documents by use of substitute media.*

In order to make printed government information accessible, the information documents must be transcribed in some form usable for persons limited in regard to the printed word. The various organizations and Departments should take the necessary steps with specialized organizations in the substitute media for their information documents. Access to substitute media through the government network would be greatly facilitated by inter-departmental cooperation.

12. *That the gouvernement du Québec:*

- *encourage the maintenance and development of substitute media in Québec by officially recognizing the essential role of the specialized organizations and by assuring them on-going financial support.*

There must be a clear division of Departmental responsibilities when dealing with substitute media in the field of cultural books, technical books and government information documents. The Departments involved must allocate adequate finances to recognized organizations. The granting of these statutory subsidies however must be conditional on maximum use of existing technology and on adequate capacity to reproduce and distribute substitute documentation.

13. *That the organizations specialized in the production and distribution of substitute media:*

- *make uniform the standards of production and loans to users, for each type of media involved;*
- *use the most appropriate production techniques to assure the good quality of documents and an adequate reprinting capacity;*
- *make known and assure access to all collections of substitute media available in the French language outside Québec;*
- *prepare a catalogue of all the titles in braille and taped books in the French language which are available in Québec;*
- *set up a co-ordinating system to carry out the preceding recommendations, appointing representatives from each substitute media to them.*

Printed matter: broadcast reading

14. *That the ministère des Communications:*

- *assure financing of a radiobroadcast reading service of newspapers and other short-lived information for persons limited in their use of printed matter.*

In Québec, because of a lack of guaranteed financial backing, some projects of this type have not been able to be put into use as they have in the United States and Ontario. The now efforts to facilitate access to printed matter have neglected printed information on every-day life, which is so necessary for the integration of these people into society. For instance, it could be specials in the food stores, or department stores, essential information for groups which are chiefly low-income. Programming of this service must allow great flexibility of consultation for the users to respond to the every day needs for short-lived information.

Printed word: popularization

15. *That the ministère des Communications, in co-operation with the OPHQ and the promotional organizations concerned;*

- *develop suitable approaches to government information in regard to persons with limited capacity to understand printed matter.*

Very little has been done to respond to the information needs of those persons with limited understanding. We must now consider the kinds of needs they have and the means to meet them, for example, to develop new ways to present printed matter to them or how best to use substitute media. Some experimentation will be needed to discover the best means of responding to their needs.

Audio-visual: subtitling

16. *That the Departments and public and parapublic organizations:*

- *make sure that all audio-visual documents and messages produced for broadcasting to the public have subtitles, so they may reach all people without exception.*

The public and para-public sectors must make sure that all its audio-visual communications for television are accessible to persons with a hearing impairment; either visible or closed captioned, according to technical possibility and the nature of presentation.

17. *That all broadcasters operating in Québec:*

- *provide a selection of broadcasts precodified with subtitles for those persons with serious hearing limitations, in consultation with them.*

Private broadcasters should provide a selection of broadcasts adapted for this clientele, just the same as public broadcasters. This selection should be made in the interests of the persons concerned which means consulting with those who use the subtitling.

Audio-visual: short-lived information

18. *That all broadcasters operating in Québec:*

- *provide direct broadcasts of translated short-lived information with a unit in visual language, for persons with serious hearing limitations, in close cooperation with the promotional organizations which represent them.*

Audio-visual: oral reading

19. *That all broadcasters operating in Québec:*

- *assure better access to televised broadcasts for persons with a visual impairment by insisting on the reading aloud of the credits of a film. To find the most suitable means of helping these people, the organizations representing them should be consulted.*

Audio-visual: technical aids

20. *That the ministère des Affaires sociales and the Régie de l'assurance-maladie:*

- *include equipment for picking up subtitling (decoder) on the list of aids assured by the programme for hearing aids;*
- *make sure that all the equipment which could assist in the use of the audio-visual media be included on this list.*

Persons with serious hearing limitations must also have access to decoders, which compensate their disabilities in the same way as a teleprinter or hearing aid.

Audio-visual: public places

21. *That the ministère des Travaux publics, municipal governments and private enterprise:*

- *gradually equip conference rooms and entertainment centres with systems to assist hearing for those who need hearing aids.*

The technology does exist for assisting those persons who wear hearing devices, such as systems amplified by wiring frequency modulation and infrared. It now become a matter of putting them into use.

Person to person: information

22. *That the departments and public and parapubic organizations:*

- *inform employees working directly with the public about the needs of the handicapped in person to person communication situations:*
- *inform front-line personnel particularly*
- *choose some front line employees to learn adapted means of communication.*

23. *That the Conseil du patronat, Chambers of Commerce, and other employers associations of the private sector:*

- *urge private enterprises dealing directly with the public, to inform their front line person-*

nel regarding the needs of the handicapped in person to person communications.

- *urge these enterprises to train some of their personnel in adapted means of communication.*

These types of adapted communication include, among others, sign language, oralism, total communication, the bliss method and use of very simple language.

Person to person: technical aids

24. *That the ministère des Affaires sociales and the Régie de l'assurance-maladie:*

- *include on the list of aids assured by their technical aid programmes, equipment to make person to person communication easier.*

Besides persons with a hearing impairment, there are many reasons for limited verbal communication, for example, cerebro-vascular trouble, cerebral palsy, brain damage or trouble with the vocal cords. This disability isolates a person and considerably hinders his integration into society. It becomes a matter of prime importance to have access to the existing technology to compensate this disability: for an example, equipment to assist verbal communication for a person who has had a laryngotomy.

News means of communication

25. *That telecommunications enterprises and all other corporations involved in developing new communication technology:*

- *take into account the functional needs of the handicapped in research, experimentation and in any action taken for new means of communication.*

26. *That the ministère de la Science et de la Technologie:*

- *promote and create research in the field of adapting means of communication for the functional characteristics of the handicapped, by subsidizing specific research;*
- *impose conditions on research projects on communication which it might subsidize, to make sure that the needs of the handicapped are considered.*

The content of the information

Data bank

27. *The Office des personnes handicapées du Québec undertakes to:*

- *compile in co-operation with the ministère des Communications, and for each large category of persons with the same disabilities, a bank of data and practical information useful for their integration;*

To promote the establishment of this data bank, the OPHQ and the ministère des Communications should bring together the promotional organizations concerned, to reap the benefit of their expertise.

This data bank should include:

- pertinent information on resources and programmes specifically for a certain category of the handicapped;
- pertinent information on resources and programmes for the handicapped in general;
- location, activities and goals of the promotional organizations bringing together handicapped persons with the same type of disabilities, parents of handicapped children or several categories of handicapped persons;
- a general survey of services and programmes for the population in general from which the handicapped can also benefit;
- some of the obstacles encountered and recourse in relation to the exercise of the rights of the person.
- other data which could be included will vary according to the functional characteristics of the categories of the handicapped. Up-dating systems are of prime importance to keep pace with all the developments dealing with resources, programmes, technical aids, etc., in short, any useful information to assist the handicapped in their communication.

Information for families

28. *The Office des personnes handicapées du Québec undertakes to:*

- *include information especially for the families of the handicapped in its data bank, in co-operation with the ministère des Communication.*

The family of a handicapped person needs to availability of useful information to better understand its role and to seek out adequate resources. Groups of parents must work together to decide which facts to inciude in the information bank.

Information for professionals

29. *That the ministère des Affaires sociales and those de l'Éducation, du Travail, de la Main-d'oeuvre et de la Sécurité du revenu:*

- *train and inform the principal professionals in their networks who give services to handicapped persons, in order to further a greater* *awareness of the functional characteristics and integration potential of the handicapped.*

The training or information must aim at:

- promoting the prevention of impairments and the integration of the handicapped (diagnosis, complete evaluation, adaptation or rehabilitation, referrals, etc.);
- defining the categories of the handicapped persons concerned, their needs and characteristics;
- reaching target groups of key personnel by the most suitable information methods.

Co-operation between the Departments responsible for the different networks and the promotional organizations of the handicapped will do much to promote the planning and the accomplishment of these proposed steps.

Information of the public

30. *That the ministère des Communications, in co-operation with the OPHQ, the ministère des Affaires sociales and all other government organizations which can inform the public about the handicapped:*

- *make sure that information messages are in line with ON EQUAL TERMS.*

31. *That the organizations to promote the interests of the handicapped:*

- *respect general common principles when they undertake to inform the public.*

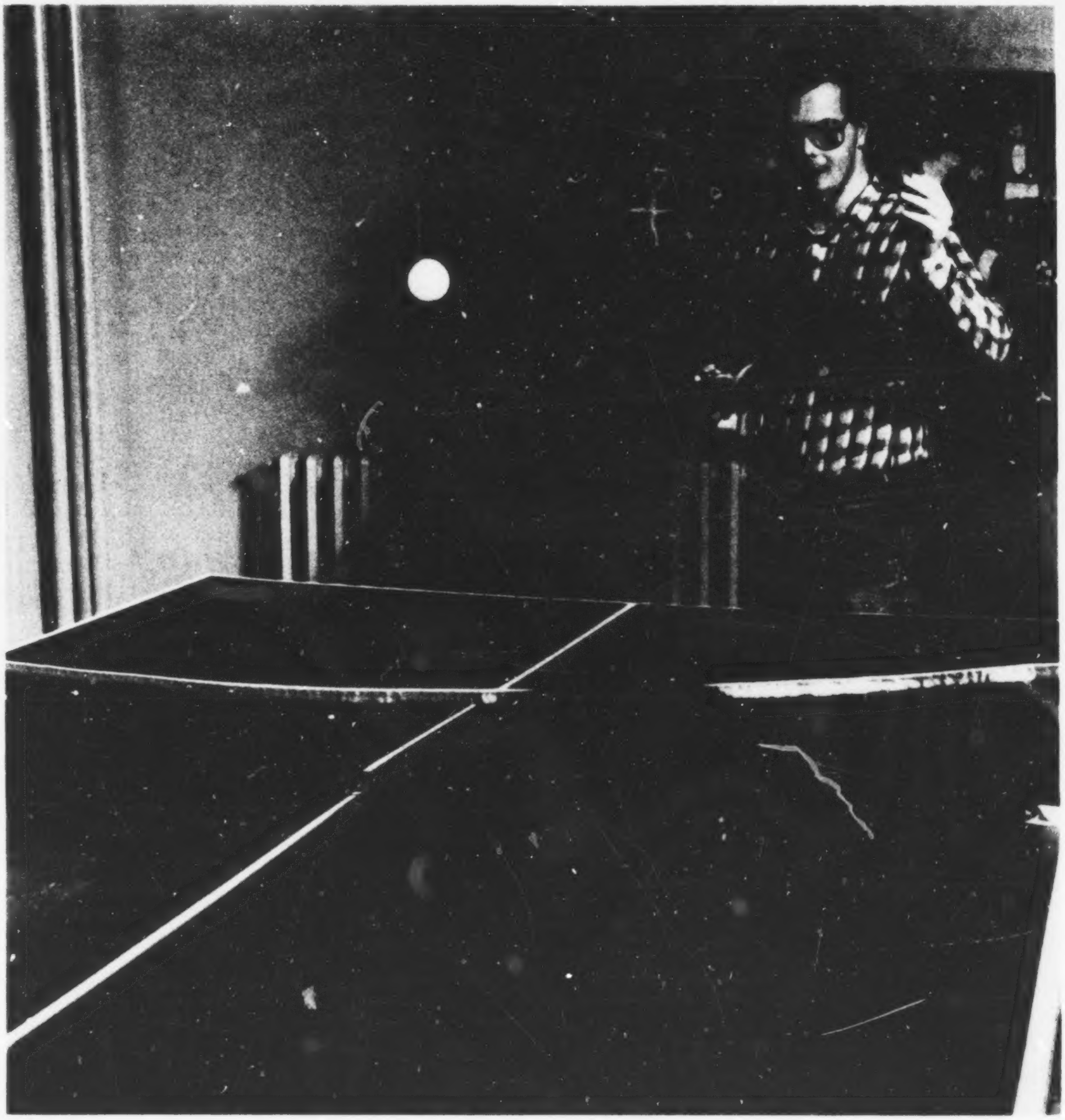
To bring about a change of thinking and attitudes in regard to the handicapped, there must be a uniformity in the various means of informing the public. The government and the promotional organizations must make sure that information provided to the public in general is consistent with the kind of social change to which they aspire.

32. *That the ministère de l'Éducation:*

- *see that a programme to make students more sensitive to the needs of the handicapped is introduced into the primary and secondary teaching curricula.*

Informing school age children is absolutely essential for the long term change in attitudes and thinking. In our schools, this information is most apt to reach them.

15.
Recreation



Introduction

The term "recreation" includes many varied activities. There is a whole range of possibilities available to everyone from which they can choose the recreational area they most desire. Recreation is not only spare time; freedom of choice, with a minimum of restrictions, make it a very valuable factor in the development of a person. So it is from this point of view that we must consider recreational availability for the handicapped.

The majority of organizations involved in the area of recreation for the handicapped agree to group all of these activities into four main categories: sports, socio-cultural, outdoor activities and tourism. This chapter deals with the activities in these four sectors.

The situation

The whole area of recreation far outstrips the area of government intervention as provided by the ministère du Loisir, de la Chasse et de la Pêche and several other Departments. The Québec government, as well as municipalities, subsidize many recreational activities. Over and above these, however, are very many others, more or less structured, whether set up by official groups or not.

That is the very essence of recreation. The needs and desires of the people are the determining factors in organizations such as those. Thus, the Government can simply assume the part of animator and offer encouragement to initiatives taken by the citizens, by providing equipment and support services.

In spite of some necessary changes, the recreational needs of the handicapped are, on the whole, much the same as those of their fellow-citizens. In practice, however, we note that recreation is still less accessible to the handicapped. Ignorance and prejudice, always at work in our society, see to it that few public and private organizations are working in this field, such as the Scouts, National federations for recreation, travel agencies for example, take into account the needs of the handicapped. Recreational facilities are seldom adapted.

As a consequence, the handicapped are left out of the recreational activities in their community and are often reduced to activities which add very little to their feeling of self-worth. This is especially true in institutions where budgets allocated for recreation are ridiculously low in relation to the needs of the persons residing there. Since they are not able to have lucrative employment, access to adequate recreation is a minimal qualification for a decent life.

The situation is the same for many other persons who live alone or with their parents when there are not sufficient resources to respond to their needs in their environment.

For several years, government action relied on the principle of normalization and integration. Only in 1982 did the ministère du Loisir, de la Chasse et de la Pêche finance the programmes *Subsidized recreation for persons with severe or multiple handicap and Recreation in institutions* which are intended directly for the handicapped. Other more general programmes, such as subsidies for summer camps, subsidies in the sports world, for socio-cultural and outdoor activities, were able to be directed to the handicapped. Despite limited resources, they had the advantages of offering the handicapped the same possibilities as other citizens were enjoying.

With the changes regarding recreation which were instituted in 1982, all specific programmes, with the exception of *Subsidized recreation* and *Discover Québec* were discarded in favour of a complete package through the municipality. Henceforth, the handicapped must go to municipal organizations for recreational services, as do their fellow-citizens.

Because of technical and financial support from the Department, the municipality must distribute available money to all groups in its district. Although this policy more nearly approaches the objective of integration; there is still considerable worry regarding continued financing, to which the handicapped have had the right up till now. They have been given no guarantee in this matter.

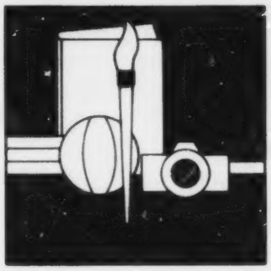
THE COMMITMENTS OF THE SOCIO-ECONOMIC CONFERENCE

MINISTÈRE DU LOISIR, DE LA CHASSE ET DE LA PÊCHE:

- to eliminate, or change, certain national programmes while urging the municipalities to take over for the handicapped;
- to reinforce the network of regional associations for a maximum period of three years, and carry out an in-depth study on methods for forming groups in the area;
- to demand that recreational equipment be accessible, for the granting of subsidies to public and private organizations;
- to make interested persons in the area aware, and to organize them;
- to start discussions, at the local level, on the maximum use of equipment

MINISTÈRE DE L'INDUSTRIE, DU COMMERCE ET DU TOURISME:

- to set up a programme of assistance to develop tourism for non-profit organizations
- to point out accessible sites of interest to the tourist in a brochure put out by the Department;
- to take steps which would be an incentive for those in the travel business to consider the needs of the handicapped



The objectives

In its White Paper entitled *The world is yours to enjoy,* the government of Québec recognizes recreation as "a dimension of human existence present in all stages of life and as an inalienable right, the exercise of which must be protected and encouraged"(1)

1. Use of the free time of a handicapped person in accordance with his tastes and wishes

The ministère du Loisir, de la Chasse et de la Pêche, in its document *À nous de jouer,* demonstrates that several definitions of "recreation" exist. By defining it as "a psychological state or a way of life", the Department points out that we often associate such characteristics as "freedom of choice, lack of restrictions, satisfaction and pleasure, relaxation, personal competence, and social belonging" to the recreational experience.

In order that the handicapped may feel reassured regarding their access to recreation, we must first recognize that they do have freedom of choice as to the recreational activities in which they wish to participate. Recreation is an activity with more freedom and it is because of its lack of restrictions that it has such value, compared to work and study, as a way in which each person can express his individuality and just "be himself". So that they may fully benefit from this freedom of choice, we must offer to the handicapped, a range of activities as extensive as possible. They must be able to choose from activities for relaxation, entertainment, creativity, learning etc. By all means must we avoid offering to them activities which are necessarily like a kind of therapy or are simply an adjunct to their rehabilitation process and also hum-drum pursuits which have no interest for them and seem to serve no other purpose then to pass time.

2. The handicapped should have free choice of locale and partners with whom to share their recreation

Just as the handicapped may choose their particular activities, so they must be able to choose the place and persons with whom they will take place in activities. A handicapped person may choose to go in for a type of recreation in the community, at a friends place or in his own home, alone or in a group, with anyone, handicapped or not.

In line with the orientations of ON EQUAL TERMS it should be arranged that the handicapped can enjoy their recreational pursuits with other persons who share the same interests. However, some of them may prefer to get together with other handicapped persons to participate in one or more activities. In the population as a whole we tend to spend our leisure time with colleagues from work, neighbours, class mates etc., in short, with people whom we know well. There should be nothing to prevent the handicapped from doing the same thing.

3. Access to community recreational activities for the handicapped

The handicapped, like their fellow citizens, must have access to recreational programmes and activities as part of the community. They must not suffer discrimination because of their impairments or functional limitations. With due respect to the types and basic characteristics of these activities, we must adapt them according to the needs of the handicapped in a way that they may fit into them the fullest.

Having taken into account their functional limitations, if they still cannot participate completely, they must be offered adapted recreation, with conditions as close as possible to the ordinary. By the same token, groups of handicapped, who so wish, have to be able to take advantage of community programmes and facilities for their recreational activities in the same way as other groups.

4. Access to the same activities as their own age group for the handicapped

Access to activities, or a type of activity, offered to their peer group, should be made possible for the handicapped. There seems to be a great tendency to offer adult handicapped persons activities which are normally for children, and this diminishes the significance of recreation as a development factor for the individual. Thus it is important to respect the principle of age when proposing activities for the handicapped, although equally important to respect the free choice of the person regarding his activities. A person must be able to choose participation in a recreation activity which is normally for older or younger people, if he so desires.

5. A handicapped person takes charge of organizing his own recreational activities

The capacity to organize his activities for himself gives a person much greater freedom and control, and he can thus apply his own thinking to recreation. Programmes for recreation must aim at allowing the handicapped to take charge. To accomplish this, in the first place, they must allow a period of learning and in the second place must provide the person or group with technical and material support necessary to allow the independence of the person or group.

6. Availability of a recreational activities programme for the handicapped person who request it

In order to have free access to the recreational activities of his choice, a handicapped person may need one or more plans of action. It could be a matter of adopting an activitiy, of providing the person with essential technical aids, or even support services such as transportation, training etc. All these actions should be well co-ordinated to facilitate his access to recreation. If the person is in a position to look after this co-ordination himself, it will be advantageous for him to have the responsibility in order to maintain maximum control over his recreational activities. If not, then he must be able to avail himself of this programme in the milieu. The person in charge of the recreational activities programme must make sure that drawing it up and implementing it compromises, as little as possible, the non-restrictive nature of recreation and the person's freedom of choice.

7. Effective participation of the handicapped in the usual decision-making channels, as a group using recreational services

As a group with special needs, the handicapped must be able to have direct representation, right where the structure for representation allows, rather than to be represented through some parallel structure. Just as we recognize their right to make their own decisions concerning the choice of activities in which they wish to participate, so we must make them part of the process for defining recreation policies, for planning and organizing of activities. We must give to them the place which is rightfully theirs in the decision-making organizations of the recreation world, particularly through the voice of their promotional organizations.

8. Acceptance of the handicapped into community recreational activities whatever may be their impairment or disability, their behaviour or appearance

The handicapped should be able to share their recreation time with their fellow-citizens and to do so, must be accepted in the same places and in the same activities, whatever may be their impairment or disabilities, their behaviour or appearance. This broadening of attitudes regarding difference is a necessary condition to allow the handicapped participation in the activities of recreation and relaxation which fill their needs.

9. Access to buildings, parks, grounds, public and commercial recreational equipment, for the handicapped

As well as mentioning here public equipment owned by the community: play grounds, sports centres, cultural centres, parks and reservations etc., we must also mention commercial establishments, hotels, restaurants, bars, salons, gymnasiums etc. Access for the handicapped begins with architectural accessibility; however, it also includes the possibility for the handicapped to use, alone or in a group, community recreational equipment, under the same conditions as other people.

10. To eliminate discrimination, because of an impairment of disabilities, in eligibility for, and organization of recreational programmes

Opening up recreation programmes means eliminating obstacles in the way of distributing information, in registration procedures and in the organization which enables participation by the handicapped, whatever may be the nature and extent of their impairment and disabilities. It also means adapting one or more activities to allow participation by these persons under conditions as similar as possible to those existing for others. It might be a question of:

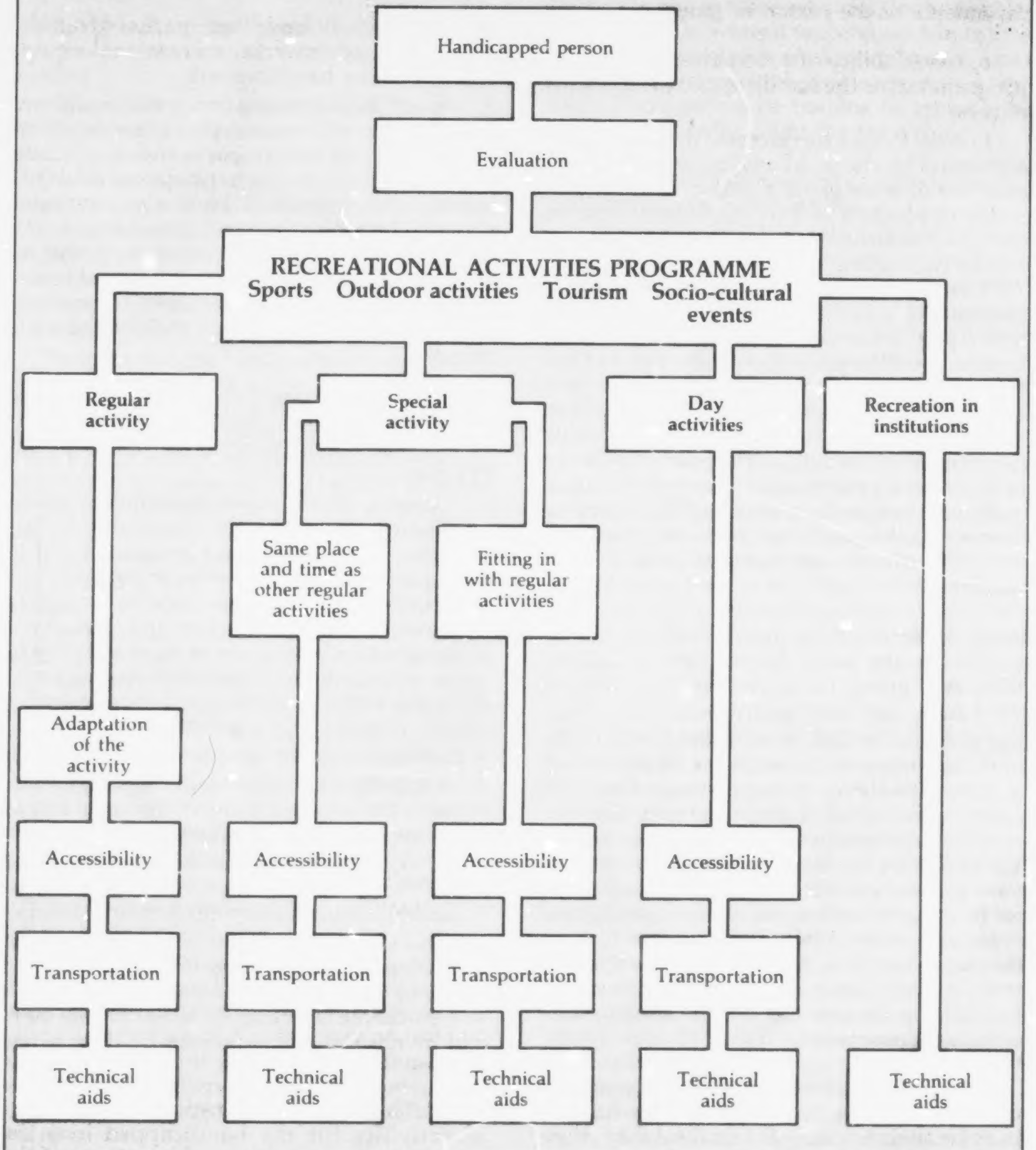
- participation in the same activity as everyone;
- an activity with other handicapped persons, but in the same place and at the same time as the very same activity for others;
- activity solely for the handicapped, but fitted in with similar activities for other persons, for example, during competitive sports events.

This expansion will not be possible without a philosophy that something must be done, based on a real search for innovative answers which will enable the handicapped to participate more and more in the same pursuits as their fellow citizens.

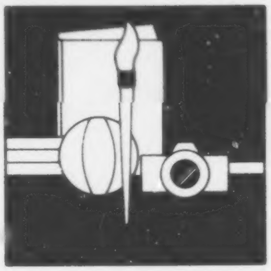
11. Maximum integration of recreational activities for the handicapped into the programmes, activities and structures of the community

In the attempt to reach this objective, we nevertheless must avoid duplicating special

INTERVENTION FOR ACCESS TO RECREATIONAL ACTIVITIES


Handicapped person
Evaluation
RECREATIONAL ACTIVITIES PROGRAMME
Sports Outdoor activities Tourism Socio-cultural events
Regular activity
Special activity
Day activities
Recreation in institutions
Same place and time as other regular activities
Fitting in with regular activities
Adaptation of the activity
Accessibility
Accessibility
Accessibility
Accessibility
Transportation
Transportation
Transportation
Transportation
Technical aids
Technical aids
Technical aids
Technical aids
Technical aids

programmes meant for the handicapped. We must make sure that present services continue, but, through policies, and budget planning, we must also promote the integration of the handicapped into the same structures and programmes as all citizens, with suitable support. As an example, if a group of handicapped persons in a lodging-house wish to organize some activity, it should also be of benefit to the municipal resources to be part of it.



Recommendations

Integration

1. *That the ministère du Loisir, de la Chasse et de la Pêche:*

- *integrate all special activities for the handicapped into its regular programmes.*

The purpose in this is that the handicapped may go to the same authorities as their fellow-citizens to obtain support services and subsidies to organize their own recreation. This recommendation goes back to the principle of the complete package in the hands of the municipalities introduced in the reform of recreation. The departmental policy must not take the position of simply setting aside services meant for the handicapped, but indeed must integrate them into their regular programmes. In re-allocating budgets, the Department must make sure that the handicapped will continue to benefit from adequate services.

When activities of a national character are concerned, the handicapped will be able to go to the national organizations offering services to all citizens, such as sports federations. These organizations must assume the responsibility of including the handicapped among their clientele in such a way that their special needs meet with a suitable response.

Support for municipalities

2. *That the ministère du Loisir, de la Chasse et de la Pêche:*

- *provide the necessary support to the municipalities and Regional Councils on Recreation so they may assume their responsibilities in regard to the handicapped.*

The transfer, pure and simple, of a budget to a municipality must not allow it to partially withdraw in ignorance of the needs, indeed, the very existence, of the handicapped in its district. For this reason the Department must give the municipalities and Regional Councils on recreation appropriate technical support by making available to them information regarding recreational equipment and programmes, bearing in mind all types of impairment and functional limitations.

If it discards certain specific programmes for the handicapped, the Department will have to make sure that there will be a continuity in services offered to these people. It must work that the outcome is not a withdrawal of access to the recreation to which the handicapped aspire, but indeed, an important step towards integration with community recreation.

Transfer of financing

3. *That the ministère du Loisir, de la Chasse et de la Pêche, in the event that the network of the Association québécoise and the associations régionales de loisir pour personnes handicapées breaks down:*

- *transfer the sums of money allocated to the financing of these organizations to other activities promoting recreational activities for the handicapped within the structures or organizations to offer regional services to the handicapped.*

Since the beginning of the 1970's, the Québec government has financed promotional activities for expanding community recreation to include the handicapped by granting subsidies to national and regional organizations. While entrusting the responsibility of serving the handicapped to municipalities and other organizations which offer services to the population in general, the Department must continue to provide financial support for the development of recreation for these persons. One good way to accomplish this would be to transfer the money which, up till now, has been granted to regional associations and the Association québécoise de loisirs pour personnes handicappées, to the financing of activities similar to those set up in this network, but in organizations working on the development of recreation at the regional level for the population as a whole.

Availability of services

4. *That the ministère du Loisir, de la Chasse et de la Pêche:*

- *include the availability of services intended for the handicapped as a condition for subsidizing local, regional and provincial organizations for recreation.*

All organizations offering recreation services to all citizens must assume the same responsibility with regard to the handicapped. The Department must guard that this responsibility is, in fact, assumed by making it a condition for obtaining a grant.

5. *That the national federations for recreation:*

- *adapt their activities as needed so they may be accessible to the handicapped.*

To render services to the handicapped in an adequate fashion, the national federation for recreation — sports, socio-cultural, socio-educational, outdoor activities and tourism, will have to make available the necessary knowledge to adopt recreational activities. They should learn the various possible levels of integration in regard to the nature and extent of the different types of impairments and disability. Thus, they could better assume their role of technical support and training with the regional and local structures.

6. *That the ministère de l'Industrie, du Commerce et du Tourisme:*

- *include availability of services for the handicapped as a condition to obtain a permit for the travel business.*

It would be preferable if the desired results were achieved due to incentives promised at the time of the Socio-economic Conference. However, if this does not occur, the Department will have to apply more forceful measures, in the meantime, to make sure that the rights of the handicapped are respected.

7. *That all those involved in the field of recreation:*

- *make available recreational activities programmes for those handicapped who ask for them.*

Whatever services a handicapped person is seeking in order to participate in an activity, a programme must be available for his benefit if he needs it. Therefore, all intervening parties in the public and private sectors must be prepared to assume this responsibility for each person who, due to his disabilities has special needs when participating in recreational activities.

Information

8. *That the ministère de l'Industrie, du Commerce et du Tourisme and the ministère du Loisir, de la Chasse et de la Pêche:*

- *include, in their documents, information about the architectural and environmental accessibility of places and equipment for recreation and tourism.*

9. *That the ministère de l'Agriculture:*

- *include, in its documentation on sugar shacks, some data regarding the architectural and environmental accessibility of these places.*

The handicapped have the same right as all consumers to know what services are available to them. Government publications must be very explicit in this regard. Information contained in guide books and brochures must state clearly degrees of accessibility for all types of impairment and disabilities.

Tourism

10. *That the ministère de l'Industrie, du Commerce et du Tourisme:*

- *set up a programme to assist the development of tourism for non-profit organizations.*

As long as they are a group with few advantages, many handicapped persons cannot benefit from tourism as an activity for discovery and development of their knowledge. As they have not been able to achieve independence in this type of activity, some of them still cannot take advantage of the adaptation of tourist areas without more awareness of their plight and same support. They need more access to organized activities of discovery and exploration which would enable them to become more independent.

Some few non-profit organizations are actively at work in this area. Presently, the law which controls the tourist business does not allow them to become involved in it. For this reason, the Department must amend this law and set up an assistance programme to develop tourism in order to grant these organizations the financial resources they need to take action. This however, will be a temporary measure, since in the long-term, with tourist places making efforts to accomodate the handicapped, these persons will be able to achieve independence in this field just like other citizens.

Training in the hotel business

11. *That the ministère de l'Éducation and the ministère de l'Industrie, du Commerce et du Tourisme:*

- *undertake to include in courses on the hotel business training principles to make the students aware of the specific needs of the handicapped.*

If the hotel staff knows something about the needs of the handicapped, they will be able to make them more at ease. So it would appear advisable that employees in this area should become familiar with the needs of these people as soon as their training begins and should learn what special attention to give, according to the functional limitations of the handicapped clientele.

12. *That the ministère de l'Industrie, du Commerce et du Tourisme, in co-operation with employers' associations:*

- *draw up an information programme directed to employees in the hotel business regarding the specific needs of the handicapped.*

Just as it is important for future employees in the hotel business to be made aware of the needs of the handicapped, so it is equally important for those who are already employed in this area. The Department must set up a programme of information specifically for their attention. It must make sure that the various groups of establishments work together, and that it involves the large restaurent and hotel chains to make this a priority, taking into account how many people they employ. Employers' associations should also offer assistance in the planning and implementation of such a programme.

Training in regard to recreation

13. *That the ministère de l'Éducation, the Conseil des universités and the Fédération des cégeps, in co-operation with the ministère du Loisir, de la Chasse et de la Pêche:*

- *make sure that basic principles of training and awareness regarding the functional characteristics of the handicapped and their needs for taking part in recreational activities are included in their outline of courses on techniques and occupations in the recreational field.*

14. *That the Corporations and professional associations involved in all areas of recreation:*

- *include the basic principles of training and awareness of the functional characteristics of the handicapped and their needs in the matter of recreation, in the on-going training of their members.*

Speaking more generally, access to recreation for the handicapped pre-supposes a knowledge of their needs in regard to recreation on the part of the different intervenants. Integration means that all those working in the area of recreation for all citizens should acquire these principles of training and awareness. We think of recreation specialists, physical education teachers, technical experts on recreation etc. in this context. The ministère de l'Éducation, universities and colleges, in co-operation with the ministère du Loisir, de la Chasse et de la Pêche must make sure that training programmes based on these principles take these aspects into account.

In the same way, corporations and professional associations, who employ these workers, must offer their members the possibility to learn these new principles of training in their programmes for improvement and on-going training.

Participation

15. *That the ministère du Loisir, de la Chasse et de la Pêche:*

- *assure, the handicapped participation in consultation and decision-making processes in outlining its policies.*

Since they are a group of citizens with special needs, the handicapped must be consulted and must participate in decision-making when policies are being proposed. In the mechanisms of consultation and decision-making set up by the Department, the handicapped must be assured of sufficient representation and be able to make known their point of view.

Municipal services

16. *That municipalities:*

- *assume responsibility to make available the recreational resources needed by the handicapped.*

Since the reform of recreation gives to municipalities the responsibility of allocating resources to all groups in their districts, in an equitable manner, they must make sure that the handicapped have their fair share. In accordance with these objectives, it is not enough to simply reserve a certain percentage of the municipal budget for recreation for the handicapped; we must indeed plan a more complete project for:

- adapting programmes and activities so that the handicapped, for whom they are possible, may be integrated into them:
- adapting equipment as needed;
- allocating to the handicapped or to groups of handicapped persons who cannot be integrated into regular activities, the financial and technical resources to organize their own activities.

In implementing such a policy, municipalities must make sure local associations of the handicapped participate, so the services adopted will correspond in every way to their needs. The thrust of the municipal recreation service must be to promote the independence of the handicapped in organizing their recreation activities.

17. *That the municipalities:*

- *integrate activities and resources for the handicapped into the municipal and community services and resources to the fullest extent.*

We must discard specific structures and programmes in order to promote maximum integration for the handicapped. Hence, these persons will go to the same authorities as everyone else for the chance to participate in physical and sports activities, socio-cultural, tourism and outdoor activities. The municipality must not set up specific programmes for them. Each programme and service must consider the needs of the handicapped. When these needs mean establishing particular activities, the responsibility for the organization and support for them must be assumed by the same structure, and belong to the same programmes, to which everyone applies, for the same services.

Commercial recreation

18. *That municipalities, in co-operation with local Chambers of Commerce:*

- *urge commercial recreation enterprises to adapt their services to the needs of the handicapped.*

Commercial recreation enterprises, such as private tennis clubs, bowling alleys etc. — even these must assume responsibility in regard to the handicapped. Municipalities must urge them to do so, with the co-operation of the local Chambers of Commerce. By adapting their services themselves, the municipalities will develop an expertise in this area which they can make available to businesses in their district.

Daily activities

19. *That the ministère du Loisir, de la Chasse et de la Pêche, in co-operation with the OPHQ, the ministère des Affaires sociales, rehabilitation centres, municipalities and community organizations for promotion and services, who are concerned:*

- *carry out research to study the activity needs which are personally rewarding for the handicapped who have had adaptation or rehabilitation programmes, but who are not capable of holding down jobs in an ordinary or adapted milieu;*
- *note and study daily experiences in Québec (occupational activities, recreation, exploring the environment, community activities, tourism, etc.);*
- *draw up typical programmes of activities rewarding to the handicapped;*
- *study the possibilities for development of community projects and job creation in this field at the municipal level, with the support and expertise of community organizations and rehabilitation centres as to training and assistance.*

20. *That municipalities, in co-operation with community organizations and associations for the handicapped in their district:*

- *see that the handicapped may be able to take part in community or recreation activities, during the day in an ordinary milieu, in the most normal conditions possible.*

Because of serious disabilities and the inaccessibility of the job market for them, some handicapped persons reach adult age, having completed their adaptation or rehabilitation process and reached their educational potential, without employment and a great deal of time on their hands.

Some of these persons live in rehabilitation centres because this is the only place where they have something to do during the day and there is no organized activity worthwhile for them. Some, with intellectual limitations, for example, are inclined to participate in a series of activities both broadening and entertaining.

Even if they cannot get remunerative work, they can perform certain useful tasks in the community or involve themselves in creative, worthwhile recreational activities which help to maintain their acquired skills. In community type work, for instance, there can be different tasks for the community groups which the handicapped can do with the necessary training, in accordance with their disabilities.

Because of the services it offers, contacts which it maintains with community groups and the responsibilities it assumes in the area of recreation, it remains to the municipality to see that the handicapped have access to these activities.

It can use to advantage the resources at its disposal and call upon promotional organizations or other community groups to set up these activities which must then be integrated in the most normal way possible.

Whatever may be the community work or recreational activities, they must be directed towards developing and maintaining the interests and skills of people. To accomplish this, we must make sure that animators are present who know the functional characteristics of the handicapped. Thus, while these activities may be intended for all the handicapped who have no daily occupation, it is important that they do not become a kind of exclusion from the job market for people who could make it there. It is also important, finally, when setting up these activities, to create the desire for participation and to respect a person's choice.

Institutional recreation

21. *That the authorities for lodging establishments:*

- *make sure that the handicapped in their care have access to recreational activities responding to their wishes, by calling upon all possible community resources or, if necessary, by providing suitable resources from their own budget.*

Local participation

22. *That the municipalities:*

- *eliminate all obstacles to participation by the handicapped in consultation and decision-making structures, so they can help define recreational programmes in their district;*
- *make sure that the handicapped will be listened to by municipal recreation services, so they can continue to enjoy the services they had before the institution of national programmes.*

Inasmuch as the handicapped will be a part, with all other groups, of the clientele served by the municipal recreation facilities, they must have equal access to consultation and decision-making to protect their own interests. The municipality must guarantee this access by eliminating all obstacles to participation by the handicapped; access to information, architectural accessibility, adaptation for procedures at the time of meetings, etc.(1)

Also, in addition to eliminating obstacles, the municipality must make sure that this participation is effective, in the first place. Doing away with national recreational programmes causes considerable worry about the continuity of services which they already enjoy. So we must assure the handicapped that they can protect their interests and obtain the necessary resources from their municipality in the same way as the other community groups.

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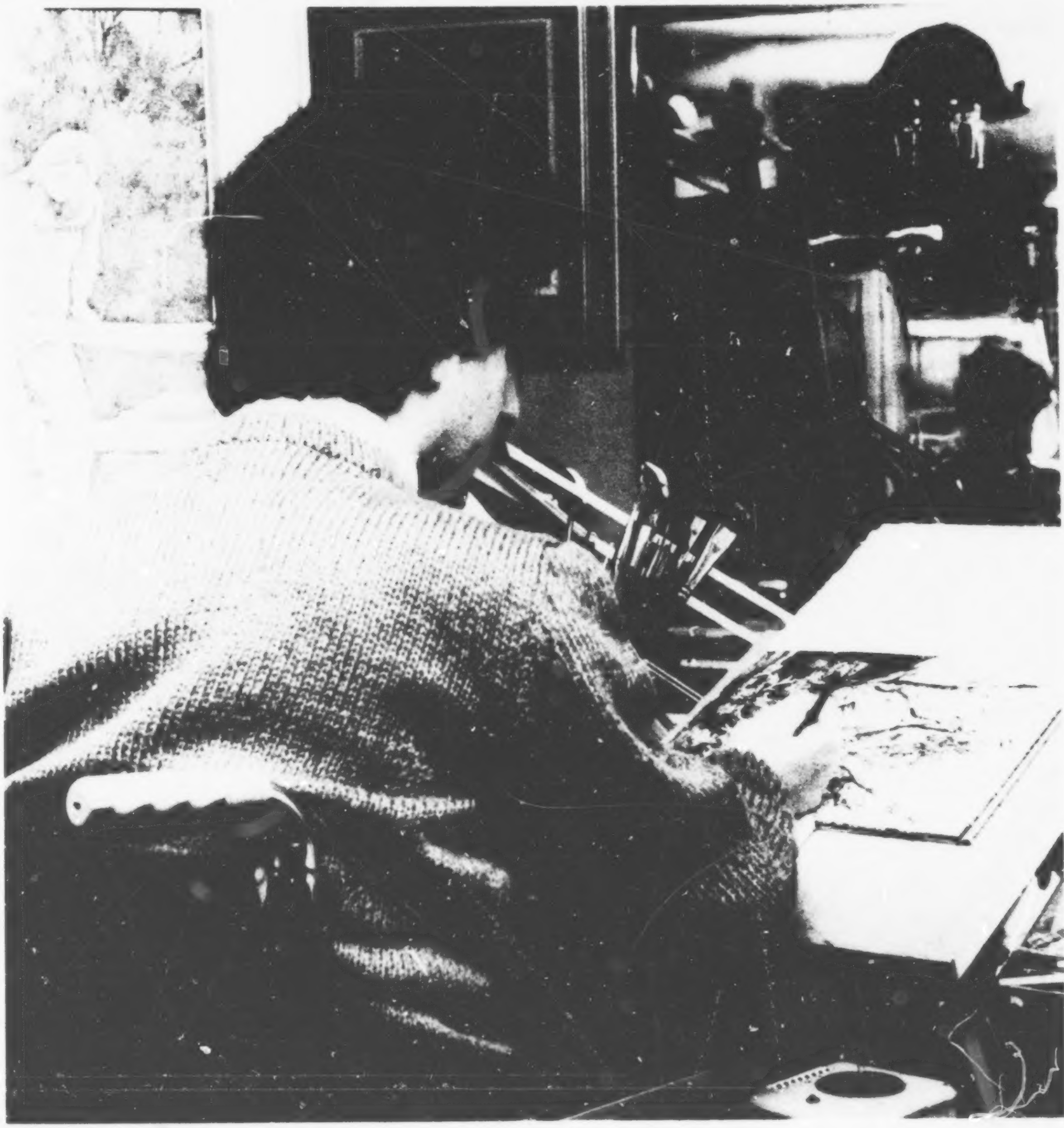
(1) See Chapter 17, *Organized groups participation.*

16.

Culture



Introduction

To a great extent, culture is a luxury which does not have top priority with the handicapped. However, the arts and cultural activities help us to understand the world in which we live. Cultural life is a means of expressing social integration and also an area to express differences.

The situation

For the handicapped to participate in cultural affairs, very many people must be involved. The ministère des Affaires culturelles is one of the most important but is not the only one. Other departments, including Education, the private sector and the community sector must also take an active part in this area.

Generally, the handicapped are quite limited in their access to culture and to the various means of cultural expression. Some of the inadequacies are:

- physical inaccessibility to cultural centres, (movies, theatres, libraries, museums, etc.);
- the lack of technical aids which would enable the handicapped to have access to cultural subjects (information on cassettes, three-dimensional models in museums, places of interest, etc.);
- reception personnel in museums and in places of culture lack training as do all cultural personnel, by and large;
- lack of information in suitable form about cultural events and places;
- lack of information in suitable form about programmes that could stimulate and develop the potential for cultural expression;
- failure to adapt these programmes;
- inaccessibility of facilities for participation of this segment of society.

Uptil now, the ministère des Affaires culturelles has placed the emphasis on professional creation, and has structured its programmes around excellence as a criterion. However, this lends a distinctly elitist character to its encouragement of cultural expression. Even if some of the handicapped can be part of this elite, the fact still remains that, in establishing criteria which single out an "elite", persons who must function with a difference will be that much more easily excluded. In this way, the Department policies do not contribute a great deal to the cultural development of the handicapped.

Moreover, its regional offices do not respond to regionalized cultural development needs which would be suitable to the special character of the environment. Regional Councils on culture which should, theoretically, make sure of regional meetings with the different persons involved in this field, are lacking in an enthusiastic approach, in urban centres as well as in less populated areas.

THE COMMITMENTS OF THE SOCIO-ECONOMIC CONFERENCE

MINISTÈRE DES AFFAIRES CULTURELLES:

- to designate, as soon as possible, at least one library per region completely adapted to the needs of the handicapped;
- to create an interdepartmental committee to see that all policies regarding substitute media are suited to the needs of the handicapped.

The objectives

Culture is a special area of individual growth and affirmation which includes elements of expression, exchange and acquisition of knowledge.

1. Access to culture for the handicapped

For their own personal growth, the handicapped must be able to enjoy the wealth of the cultural heritage of the community through the various means of expression such as literature, theatre, movies, shows, sculpture, painting, etc. They must be able to visit often and freely such cultural institutions as libraries, theatres, movies, museums, etc.

The fact that they have impairments or disabilities should not prevent them from enjoying and appreciating works of art in the area in which they are interested. There will have to be the means available to compensate for whatever their disabilities in appreciating cultural expressions; for example, taped books or in braille, access to dialogues in a play, explanations about sculptures or paintings for those with visual limitations, etc.

2. Acknowledgement of the potential for cultural expression of the handicapped

Just as they can enjoy the cultural heritage of the community, the handicapped, in their turn, can do a great deal to enrich this heritage. The value of this potential must be acknowledged and opportunities for its expression must be made. The right to cultural expression includes access to programmes for encouraging cultural expression, without discrimination as to whether they belong to a certain "elite" group or not, as to methods of expression or techniques employed. This implies acknowledgement of different forms of expression and unconventional techniques for creating.

3. Participation of the handicapped in the systems of consultation and decision-making regarding the cultural life

The handicapped must be able to make known their own special needs for access to culture and methods of expression to those authorities who make the decisions concerning the cultural life of the community. They can make themselves heard through their promotional organizations or other systems of consultation and decision-making.

4. Accessibility of the handicapped to the architectural heritage

Places for cultural expression have to observe the same rules for architectural and environmental accessibility as all buildings and public places(1). The architecture of some of these places, is in itself a part of our cultural heritage; it is just as important to make them accessible to the handicapped as it is to preserve this heritage. Changes can be made without destroying their cultural worth. The preservation of historic buildings and monuments is truly important, but that should not prevent making all possible arrangements so that they will be accessible to the handicapped.

5. Access to programmes encouraging cultural expression for the handicapped

Policies for encouraging cultural expression must demonstrate a much greater recognition of the talents of citizens which are revealed in various forms of expression. By doing this, more people who have functional differences will be able to open up and communicate with others by means of cultural expression. Access to programmes encouraging cultural expression requires specific information which reaches the handicapped(2).

6. Access, for the handicapped, according to potential for expression, to programmes and courses given in art schools and academies

Art schools and academies must eliminate all unfair barriers from their requirements and admission procedures, to allow access to the handicapped. Just like other teaching institutions, they must adapt their teaching methods to enable the handicapped to take advantage of their services. They must also expand the content of their teaching programme so that the handicapped who have to employ different means of expression, will be able to use them(3).

7. Access for the handicapped to the cultural networks

The handicapped must have recognition of the value of their cultural expression, and they must also be given the opportunity to present their artistic creations to their fellow citizens. So we must facilitate access for them to the networks which have to do with culture, such as museums, exhibition halls, entertainment, etc. There are rules for access to these networks which form insurmountable barriers for the handicapped, considering their limitations; for example, the obligation to produce a minimum number of works in a certain time, etc. — these rules must be eliminated.

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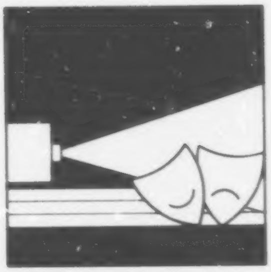
(1) See Chapter 13, *Accessibility*.

(2) See Chapter 14, *Communication*.

(3) See Chapter 7, *Educational services*.



Recommendations

Programmes

1. *That the ministère des Affaires culturelles, co-operating with the ministère de l'Éducation and other persons involved in programme-planning in art schools:*

- *complete, in a short-time, a study aimed at identifying and minimizing barriers to the participation of the handicapped, within its programmes encouraging cultural expression for everyone.*

In the nature and operation of these progammes, the Department must identify the basic principles which prevent the handicapped from using them because of their functional limitations. As a result, it must make the necessary changes so that the handicapped who have the potential to create, can take advantage of these programmes, whatever the form of expression or creative process they use.

Such a study should be directed at establishing if the activities meant to encourage the cultural "elite" of Québec, and consequently to create a competitive spirit in the population as a whole, contribute likewise to the development of the potential for expression of the handicapped. In other words, we must make sure that the forms of expression being encouraged do not limit, in any way at all, access to the creative process of those who have certain types of disabilities.

Eliminating these barriers will facilitate the awareness and development of the potential for cultural expression of the handicapped. In the very nature and operation of courses and programmes and in the admission requirements, we must seek to identify anything that might limit access to the handicapped because of their limitations.

The ministère des Affaires culturelles, by virtue of its mandate to promote the growth of arts and humanities, must take the initial steps to carry out this recommendation. All the personnel involved in this area must participate, and each must carry out any necessary changes in his own particular sphere so that the handicapped, who have a potential for creating, may take advantage of these courses and programmes, whatever forms of expression or techniques they use.

Cultural centres

2. *That all the public and private organizations responsible for the management of cultural centres:*

- *make available whatever equipment is necessary to change their premises for easier access by the handicapped.*

3. *That the ministère des Affaires culturelles:*

- *promote an exchange of information between all the organizations involved in the adaptation of cultural centres to the needs of the handicapped.*

Access for the handicapped to entertainments, conferences, etc. presupposes that devices, for those who use hearing aids, will be present. Access to exhibition halls and museums likewise presupposes that explanations in substitute media will be present such as braille or cassettes, of that a guide who knows sign language will be available. All organizations which administer cultural places, the ministère des Affaires culturelles, municipalities, school commissions, private corporations, etc. must make sure that their entertainment centre, exhibition hall or museum is adequately equipped to make the handicapped feel welcome, whatever their type of limitation.

Also, the ministère des Affaires culturelles must facilitate the exchange of information between all the organizations involved so that they may benefit from each other's experiences in making their places accessible.

Training

4. *That the ministère des Affaires culturelles, the Association des musées du Québec and the movie and entertainment networks:*

- *organize training procedures for the personnel of their establishments, within their network or in any way related to their administration, so that they may welcome the handicapped according to their disabilities.*

Reception personnel and guides in cultural establishments and settings must be knowledgeable about the functional characteristics of the handicapped, to be able to judge, for example, how to popularize their information for the mentally handicapped or to adapt it for those with other disabilities.

During their training process, the Department and groups from the various establishments could seek assistance in the participation of the handicapped so that it would be possible for their personnel to meet directly with the people concerned.

Libraries

5. *That the ministère des Affaires culturelles, co-operating with the ministère de l'Éducation, municipalities and school commissions:*

- *see to it that the handicapped can take advantage, as soon as possible, of the services of a library re-modelled for their use in their municipality.*

Re-modelling of libraries for the handicapped should include architectural accessibility to certain services or resources: special television viewers for reading in large letters, special recorders for listening to books on cassettes, documents on cassettes, written transcription of audio-visual documents for those with hearing limitations.

It is at least a beginning to remodel one library per region and this must take place as soon as possible. The widespread nature of Québec, along with the difficulty in getting about in certain seasons show that such a standard falls far short of meeting the needs of the handicapped for moving around and for access to them.

The goal in mind must be to assist the handicapped so they can take advantage of the services in their community — by encouraging an information exchange between libraries, by appealing to school libraries, etc. In accomplishing this, the ministère des Affaires culturelles will have an advantage in securing the co-operation of the ministère de l'Éducation, the municipalities and school commissions. It would also be able to involve organizations of the handicapped.

The development of documentary services for the handicapped, moreover, must take place at the same time as the development of services for the population as a whole. Services which are meant for them must be integrated into regular services as much as possible and not be privileges which are not offered to other citizens.

Cultural expression

6. *That the Regional Cultural Councils:*

- *promote participation of the handicapped in cultural activities in the community and also their cultural expression, chiefly by fostering the fullest participation of the promotional organizations in the systems set up in this milieu.*

The Regional Cultural Councils, as regional representatives of the ministère des Affaires culturelles, must facilitate participation of the handicapped in the cultural life of the region. They should also alert the public in general and the various agencies in the cultural world as to the potential for expression of the handicapped and also to the opportunity to acknowledge the fact of their entry into the world of culture. Moreover, they should involve the promotional organizations so they can make known the needs of the handicapped and be better informed about programmes and resources which would be an advantage to the handicapped in their cultural activities.

Accessibility and renovation

7. *That the ministère des Affaires culturelles:*

- *co-operate with the ministère de l'Habitation et de la Protection du consommateur in overseeing the application of architectural accessibility standards in the various types of cultural centres;*
- *make sure that establishments under its jurisdiction adapt their services for the handicapped in a satisfactory manner;*
- *develop a special expertise in making historic buildings and monuments accessible without diminishing their worth as part of our heritage.*

8. *That the municipalities:*

- *make sure, by supervising the issue of permits, that regulations concerning universal accessibility are put into effect in the various types of cultural centres under their jurisdiction;*
- *assure that establishments within their jurisdiction adapt their services for the handicapped in a satisfactory manner.*

The ministère des Affaires culturelles must co-operate with the ministère de l'Habitation in the application of regulations concerning architectural accessibility by overseeing its subsidy and accreditation programmes. In addition to the physical accessibility of the centres, it must assure that locations and establishments under its jurisdiction offer suitable services: availability of substitute media, adaptation of equipment, training and awareness of reception personnel to the needs of the handicapped.

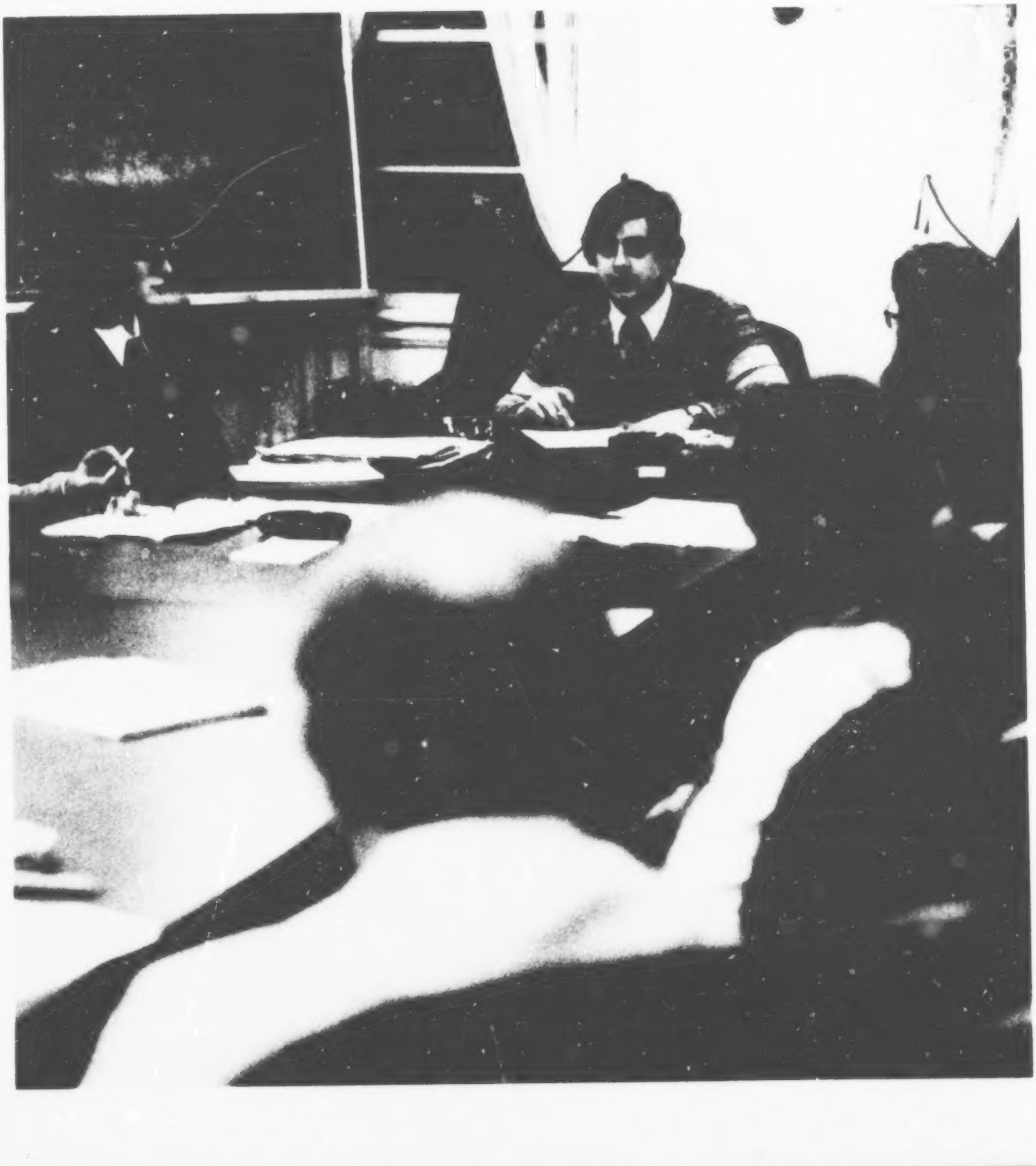
The Department must also pay special attention to the accessibility of historic buildings and monuments. Within its programme for classifying and preserving cultural wealth, it must develop a keen sense of how to make the necessary renovations for accessibility without changing cultural value. Municipalities must also exercise this same control in areas under their jurisdiction.

9. That the ministère des Affaires culturelles:

- *integrate, into the eligibility requirements of its subsidy programs, the adaption of services to the needs of the handicapped.*

In the subsidizing of cultural establishments and different community groups which organize events of a cultural nature, the Department must make sure that they include provisions for the participation of the handicapped. These provisions may cover all the means which we have just been discussing to enable a handicapped person to participate in an activity or to enjoy a cultural work. In some instances, when groups or establishments have very limited resources, this search for adapted services may have to be fulfilled by seeking the assistance of the resources in the milieu, such as the promotional organizations.

17.
Organized Groups Participation



Introduction

The social changes proposed in ON EQUAL TERMS could come about only if the handicapped succeed in sharing in all socio-economic areas in as many ways and as effectively as other members of society.

The situation

Participation

If the handicapped are very often excluded from participating in all areas of the social, cultural and economic life of the community, as a result they certainly are, and perhaps even moreso, from all the various types of hierarchies. One finds very few handicapped persons in political parties, unions, employers' associations, consumer groups or the other interest groups in the community. The few who are accepted into these movements only rarely attain positions of responsibility. One encounters equally few at the management level of business, of co-operatives, or of government departments or corporations.

Moreover, they are hardly allowed to take part in running the services directed towards them. The needs of the handicapped are the basis for numerous resources and create employment for thousands of Quebecers; but the handicapped as consumers have very little say in organizing the services which are supposed to respond to those needs.

For a few years, the Act Regarding Health and Social Services has permitted some handicapped persons to become administrators in reception homes and rehabilitation centres as representatives of the users and even though they are still very much a minority on the Boards of Directors of these institutions, this might be seen as a beginning for the handicapped taking part in an area which concerns them directly. In practice, however, it is extremely rare that such participation translates into real entry into decision-making; the handicapped have very little influence in relation to the administrators and professionals within these institutions who jealously retain control by means of their training.

An exclusion from other spheres of activity, education and work in particular, leads to the lack of preparation of many of the handicapped to assume responsibility. However, it is also the regulations, procedures and customs within the various hierarchies which bar them from entry. At present, not one written regulation nor any norms exist to ensure the handicapped a fair share within the existing organizations.

The gouvernement du Québec showed its intention to begin correcting the situation at the end of 1981 by rendering official and obligatory the existence of recipient's committees inside the institutions and their representation on the Boards of Directors.(1)

Since the handicapped represent a small number of people, they find themselves in the minority in any group they choose to join, with the exception of their promotional organizations, so they can encounter marked difficulty in influencing decisions toward their own interest and in gaining promotion to managerial positions.

Organizations promoting the interests of the handicapped can be a tool which will permit them to attain greater influence and over the last few years such organizations have multiplied in number; in 1982 the count was about five hundred.

This is one of the most remarkable proofs of the dynamism of the handicapped and their eagerness to share in the life of the community. The existence of these numerous associations does not guarantee in itself that the interests of the handicapped are adequately expressed or taken fairly into consideration. Like other groups, these promotional organizations run into obstacles having to do specifically with financing, participation and representation.

Financing

The necessity of finding resources is a great challenge to the promotional organizations since they are largely made up of people who do not, at present, have access to sufficient funds. They must call on government subsidies and meet their allotment criteria, or else appeal to the public.

The OPHQ can give subsidies to these organizations specifically for promoting the interests and rights of the handicapped. In 1982 the total amount of such subsidies was $1,6000,000.

By nature, however, this power to subsidize creates a certain uneasiness in its contacts with the promotional organizations for while the OPHQ wishes to maintain good relations with the organizations, in some senses it sets itself up as a judge of their activities by allowing or not allowing them subsidies.

On the other hand, the ministère du Loisir, de la Chasse et de la Pêche has subsidized a network made up of the Québec and the regional recreational associations for the handicapped in the area of recreational activities. The Department accords them financial support in exchange for the accomplishment of certain tasks. In the context of recreational reform, re-evaluation of support for this network is among them.

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(1) *An Act Modifying Several Acts in the Area of Health and Social Services*, December 19, 1981

The promotional organizations can also benefit from federal and provincial job creation subsidies and are eligible for subsidies to volunteer continuing education associations from the ministère de l'Éducation. However, they must still fit the allotment criteria and, in certain cases, must actually modify the bases of the projects for which they are requesting funds in order to obtain them.

Public fund-raising is another method of financing. There are many different types such as selling flowers or chocolate, or holding benefit shows, radiothons, telethons, etc. Often the groups invest a great deal of energy in these campaigns only to obtain results which are not always satisfactory and are risky at best.

On the other hand, recourse to public fundraising presents a large question of principle. In spite of all the groups' efforts to avoid maintaining an image of the handicapped as objects of pity,they admit it is very hard to stay away from this temptation(2). After all, how can one protest logically that the handicapped be treated as equals and, at the same time, actually contribute to the perpetuation of their image as disadvantaged? The promotional groups find themselves faced with the dilemma of having to choose between a method of financing which could ensure them a certain financial security on the one hand and respecting their prime objectives on the other. This raises the question of active participation of the handicapped in the decision-making. They are, in fact, in the best position to choose between an image which corresponds to their wishes and the financial arrangements so important to their community.

On the whole, financing takes up a great deal of the time of both permanent and volunteer personnel. The requests for government subsidies demand continual effort in order to conceive of and plan projects, and make known precisely the needs of the organization. Funding campaigns require even more; volunteers must be recruited and trained and a rather complex structure must be set up. In short, promotional groups invest an enormous amount of energy to obtain financial means, but they rarely receive resources sufficient to attain all of their goals and furthermore, the rapid increase in the number of organizations renders even more accute the problem of sharing the available funding.

Representation

The promotional groups have tried to increase their representation and their credibility by directing their efforts towards promoting the interests and defending the rights of the handicapped. They showed this particularly at the Socio-economic Conference by their closed ranks and by defending a common set of demands.

As in other social movements, however, the rate of participation is still small compared to the numbers of the handicapped. This is explained by their disabilities: for example, being left out of society and the feelings of dependence which can follow this occurrence. All too often the handicapped will not involve themselves in movements which try to protect their interests and will allow others to express their needs.

Within the associations there still remains a lot to be done to make member participation easier by putting the appropriate means of communication at their disposal; also by adapting routines and by educating them as to the mechanics of participation. The cases of people who have intellectual, psychological or emotional impairments are particularly demonstrative of this topic. While there are several associations of the physically impaired administered and directed by themselves, participation on the part of the intellectually or mentally impaired in their own associations is rarely ensured or, rather, even considered.

The increase in the number of employees to perform ever more important functions assures a smoother running but at the same time accentuates the problem of participation by the handicapped in defining their needs and orienting their associations.

In short, the associations have trouble finding a balance between promotion and supplying services. Historically, they have assumed both roles; having to put pressure on the governments to obtain services but, at the same time, trying to respond to the most urgent needs. As a result, the handicapped have become used to receiving services from their associations and finding human and personal contacts through them, a need also felt by a number of their relatives. From the point of view of some of the handicapped, the association is still the only place where they feel welcome even though they may develop a dependence on it.

The theories of normalization and integration have put the role of the association as a distributor of services back into question. In fact, they suggest abandoning special services and integrating them into existing services, although cancelling them would be extremely unpopular with the members of some groups as long as the services these groups dispense are not taken over by public institutions.

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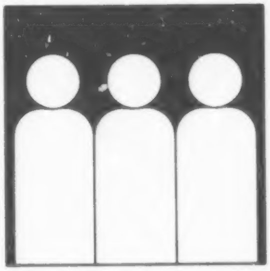
(2) See Chapter 14, *Communication*, regarding the content of information conveyed to the public.

In conclusion, the promotional groups face generally the same hurdles as their members do in their integration into society. On the whole, the handicapped have little money and little experience in organization and collective action, and while there has been dramatic progress over the last few years, they must still live with the set-backs imposed on them by the present state of affairs.

THE COMMITMENTS OF THE SOCIO-ECONOMIC CONFERENCE

THE MINISTER RESPONSIBLE FOR THE OPHQ:

- to assemble the groups concerned in order to shed light on fund-raising campaigns.



The objectives

1. Access for the handicapped to all means of self-determination

Like all their fellow citizens, the handicapped must have access to means of self-determination according to their hopes and abilities. Therefore, the barriers to their participation and involvement must be eliminated, and the objective reached in all areas of participation; ie. politics, the economy, cultural and social life, etc.

2. True exercise of the right to associate for the handicapped

The right to associate is recognized by the Charter of Human Rights and Freedoms. In all areas of activity, citizens belong to groups to promote their interests in society and with the public institutions which supply them services. The handicapped have the right to join in accordance with their interests, to participate, and assume responsibilities. Having common interests, they have the right to join together in pressure groups to influence both society and government, and in order for them to exercise this right all obstacles to their active participation must be removed from within community groups, as well as those facing the creation and growth of organizations dedicated to the protection of their interests.

3. Respect for differences in the participation of the handicapped in any type of group

A handicapped person has the right to belong to any group and be active in it without discrimination based on his impairment or the means he uses to overcome his functional limitations. This right includes being welcome at assemblies and the power to speak regardless of his means of communication, and also the right to vote by special means whether or not the vote is by secret ballot. Therefore, he must be provided with the same tools, texts, illustrations, etc., in a media form accessible to him so he may take part equally.

He must be able to aspire to and exercise responsibilities within the group according to his abilities without discrimination based on his functional limitations, behaviour, or appearance.

4. Respect for the liberty and autonomy of the handicapped in belonging to and participating in a group

The choice of a handicapped person to take part or not in group activities must be respected. It is his choice concerning whom to associate with,which group to belong to, which activities to take part in, and at which time.

In the same way, he must be given the right to make his own decisions by allowing him access to all the information necessary to form an opinion on the issue before the group as well as an equal opportunity to express his point of view.

5. Respect for the dignity and private life of the handicapped in group activities

The dignity of the handicapped must be respected in all group activities, whether it concerns collecting information on the needs of the handicapped, producing audio-visual or other documents, campaigns to increase awareness, demonstrations to defend rights, or funding campaigns. Their rights must be respected regarding the disclosure of their identities, or the use or publication of the details of their private lives.

6. Access for the handicapped to training to facilitate their sharing in group decisions and their involvement in the decisional hierarchy

Respecting the autonomy of a handicapped person means also giving him the possibility to develop his sharing in the life and decisions of the group to the fullest extent. The handicapped must be able to acquire training concerning the mechanics of group participation and decision-making to better understand its functioning and so be able to participate freely and autonomously according to their abilities.

This training should eventually permit him to involve himself more deeply and assume responsibilities in the groups he wishes to be part of.

7. The architectural accessibility of meeting places

Architectural barriers can pose a serious obstacle to the participation of the handicapped. It is important that all groups choose places which are accessible for their activities. In the case of associations made up specifically of one or more categories of handicapped people, the organizers must see to it that the locations they select are accessible to the different people invited. In the case of a meeting addressed to the whole population, they must take every measure to eliminate as many architectural barriers as possible.

8. Adaptation of policies and rules of participation to avoid discrimination of the handicapped within associations

Certain policies and rules can also inhibit participation on an equal footing by the handicapped, for example a strict ruling on speaking time at assemblies, obligatory written presentation of motions, or inflexibility in the polling procedure. The elimination of such hindrances should be intended to permit the full participation and equality of the handicapped without constituting privileges.

9. Access to special means of participation in group life for the handicapped

Groups should foresee that special means of participating in activities are available for their members who have disabilities. It is the responsibility of the groups to ensure its members have at their disposal the tools necessary to permit them to take part on an equal basis.

This might mean the transcription of texts onto cassettes, into braille or into large type, the presence of an interpreter of visual language, the presence of a sponsor, etc.

10. Access to resources necessary for the promotional organizations to defend the rights and interests of the handicapped

The community should allot human and financial resources to the promotional organizations so they can fulfill their mandates properly. Organizations should be able to find these resources in the form of direct subsidies, public funding, supply of services, by contract or exchange of services or support by volunteers. No matter what form this material support takes, those who give it should be careful to limit as little as possible the freedom of operation of the organizations in the management of their affairs. On the other hand, the promotional organizations should make their roles and the extent of their undertaking very clear when they approach public or private institutions, or the public-at-large, to request funds and should specify the uses these funds are put to.

11. Recognition of the collective voice of the handicapped and of their continued participation in the adaptation of the social structure

Accepting the handicapped as full members of the community involves their right to associate and the recognition of their organizations as being like any other representing other interest groups. They should be partners not only in issues which concern them directly, but also in the collective choices and broader orientations of society. If, in the future, the handicapped are not to be the object of special measures, but rather full and true members of the community, they should begin now to voice their opinions on the progress and developments to come.

12. The responsibility of the promotional organizations in the exercise and sharing of their influence with other social institutions

13. A common front of all organizations promoting the interests of the handicapped

The promotional organizations should comment to all the institutions which ought to adapt their services for the handicapped in order to see that their interests are looked after. Adapting society to allow the handicapped to take part would give the associations which represent them a certain influence, but an influence which they would only be able to exercise by assuming the responsibilities attached to it. They will need the greatest possible participation from their members to increase their competence and their representation. They should also have an opportunity to develop working together, co-ordinating their efforts for greater impact.

14. Collaboration between the promotional organizations and other community groups

The promotional groups can only become known within their field if they establish contact with other community organizations. They should both have the opportunity to try for a greater solidarity; for example, common action with other minority groups could give rise to a more comprehensive approach to the problem of exclusion from society.

15. The handicapped as members of the same groups as their fellow citizens

In order to exert greater influence, the handicapped, as all other citizens, should join in the movements which interest them and within which they can make the most of their ideas.

The promotional organizations alone, as effective as they may be, cannot guarantee them a share in collective decision-making, but by taking part in the same groups as other citizens they could better make their needs felt and add their pressure to that of other people with similar aims.

For this reason, the setting-up of associations for the handicapped to attempt action in specific areas such as housing, employment or consumer affairs, should be avoided when groups already exist in the community which can defend their interests.

16. The control of the promotional organizations by the handicapped through adequate representation

The promotional associations are a necessary instrument for the handicapped to make the most of their position in society, and since they are the only means of expression which are theirs, it is important that they exert the greatest control over these associations. Therefore, it is up to the handicapped to assume control within their groups.

These groups will be much more credible if they ensure that the handicapped participate at all levels of their organization; a weak representation could raise doubts as to the validity of their statements.

Recommendations

Electoral Norms

1. *That the Directeur général des élections du Québec:*

- *establish norms to facilitate the voting and candidacy of the handicapped on an equal footing with other citizens regarding representation and influence;*
- *make these norms known to all associations and organizations which represent citizens.*

2. *That the associations and organizations representing citizens in some capacity;*

- *apply the norms facilitating the voting and candidacy of the handicapped.*

Participation

3. *That associations promoting the interests of the handicapped:*

- *re-evaluate their procedures to make sure there exist no obstacles to the optimum participation of those whom they represent, whatever the degree of their functional limitations;*
- *ensure instruction for their members in preparation for them to administer the organizations.*

Social Involvement

4. *That associations promoting the interests of the handicapped and other social pressure groups:*

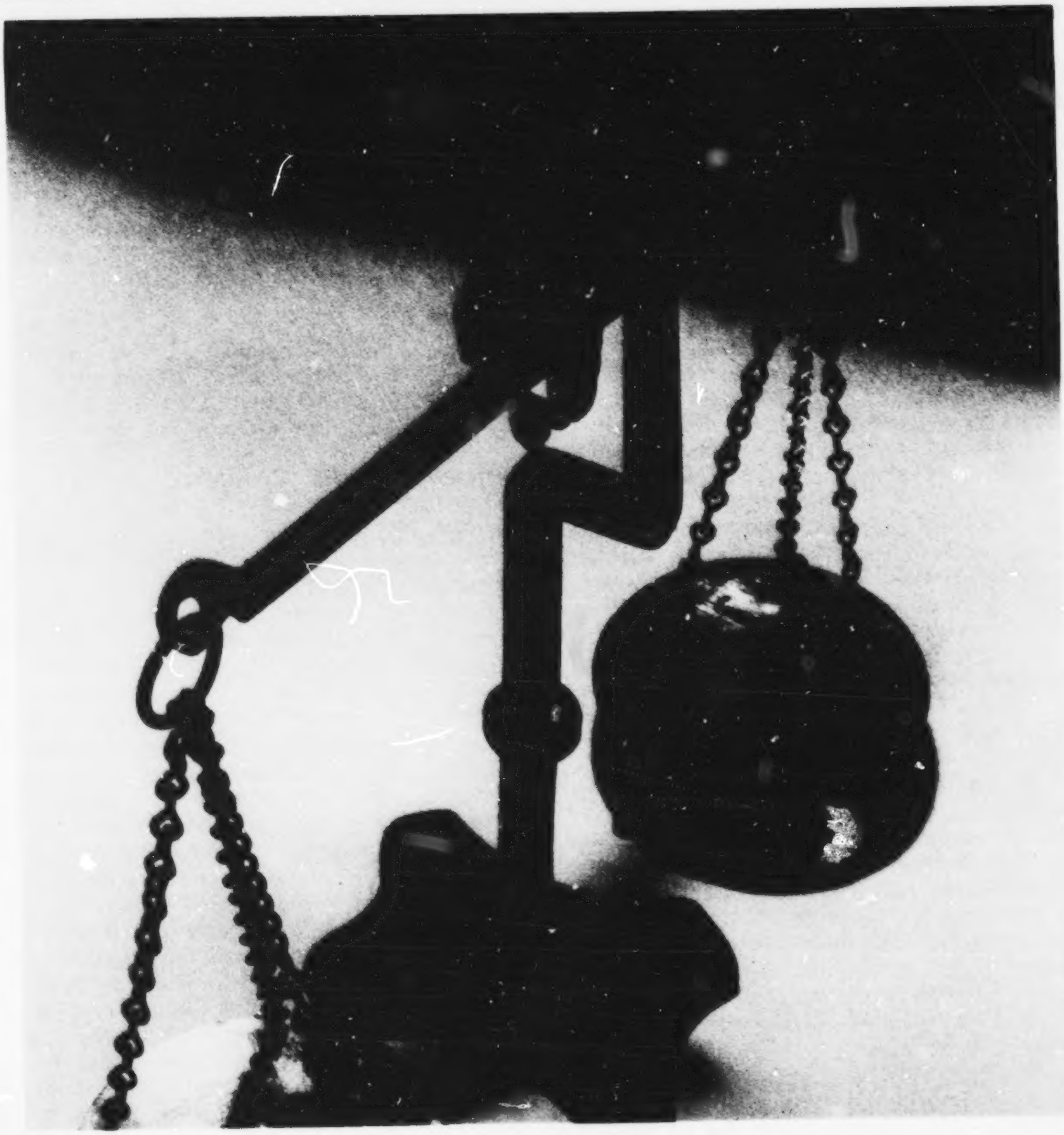
- *try to collaborate with each other in order to increase their effectiveness and broaden the scope of their demands.*

Public Image

5. *That associations promoting the interests of the handicapped:*

- *adopt and respect common principles to present a positive image of the handicapped in fund-raising drives.*

18.
A Fairer Balance



Introduction

Bringing present conditions closer to those required by the handicapped for the exercise of their rights presumes a fairer balance in the supply of services and financial resources to them.

The search for long-term solutions necessitates a clear and far-reaching understanding of the exact needs of the handicapped; that is, access to services and resources to treat impairments and compensate for disabilities. Overlapping programmes call for integrating the suggestions already made to the departments, organizations and other institutions in the preceding chapters.

In beginning such discussions as this would entail, there is no point in questioning the inequalities of income in Québec society, but rather in ensuring that a member of our society is not penalized for an impairment or a disability. We should watch for and correct any inequality of access to resources and services to allow the impaired person the same opportunities to integrate into society as anyone else.

The situation

Categorizing the clients

The lack of a universal categorization of clients is behind the unequal access to resources experienced by the handicapped. In the past, their needs have been dealt with one at a time, specific pieces of legislation being passed to respond to the needs of those existing within easily definable situations; for example, the war veterans' pension, the disabiliy pensions of the Régie des rentes du Québec, etc. In so doing, the government seems to have chosen to respond to social pressures by assuring benefits to specific groups.

However, other social development programmes have been created to deal with problems of a large scale. The programme of insurance against accidents in the work-place or work-related illnesses was developed primarily to protect employers from suits laid by employees following an accident on the job and to systematize payments which had previously been optional and arbitrary.

The government programme of automobile insurance is the result of government stepping into a former private sector. It is based on the "no-fault" theory, thereby abolishing the right to recourse among private citizens. The government assumes part of the responsibility and has established an indemnity programme which is supposed to compensate loss of income and bodily injury arising from automobile accidents.

This uneven development permits some people access to financial resources or special services while disallowing others with equal need, or at least making access more difficult to obtain.

Imprecise definitions of what actually constitutes a handicap, which vary with each programme, do not make it any easier to create a working balance among access requirements. They refer to persons injured in automobile or work-related accidents or by acts of violence, welfare recipients, war veterans, pensioners, invalids, etc., trapping the handicapped in slots determined by conditions that often bear no relation to what they need in order to enter into society. The laws and programmes using such definitions create privileges for certain groups by giving importance to specific situations such as the work-place or acts of public service.

The gouvernement du Québec has given the OPHQ the task of achieving some uniformity in the various definitions in use by existing systems and programmes(1).

The major cause of unequal access

There are four main areas behind inequalities of access to the services and financing for treatment of impairments and minimization of functional limitations, namely:

- age
- cause of impairment
- type of impairment and extent of functional limitation
- place of residence

Age

Age is often a source of discrimination for the handicapped; the young tend to be given priority. This occurence is not confined to the handicapped, but the presence of an impairment accentuates the general tendency of society to consider the aged as unproductive and dependent.

Cause

Cause of impairment gives rise to more visible inequalities; the most comprehensive public group-insurance programmes have been conceived for those who become impaired as a result of traffic or work-related accidents, work-related illnesses, service to the state or acts of violence, while the needs of the rest are treated separately. At least, they are ensured access to medical attention and a low guaranteed income.

Type of impairment and extent of disability

Type of impairment and extent of disability determine access either to regular services and programmes or special provisions. Some of the handicapped benefit from services or financial assistance because they suffer a particular impairment while others with similar needs are ineligible for this.

Inequalities in the access to services determined by the extent of limitation, as well as fluctuations in the quality of those services, are tied to the practices and training of the treatment professionals and their personal opinions regarding the chances for independence on the part of the handicapped. There seems to be a tendency for greater attention to be given to those having a minor or moderate disability than those with a serious one.

The place of residence

The place of residence plays an important role in access to services concentrated in the large urban centres of Québec, since the handicapped who live in outlying areas must often pay for transportation to have access to them.

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(1) *L'intégration de la personne handicapée — Rapport*, Secrétariat des conférences socio-économiques du Québec, 1982, p. 398

Differences in guaranteed income

Income security

The following are the income maintenance, supplement, or replacement programmes available to the handicapped:

- social assistance
- the programme of loans and bursaries for handicapped students
- the Régie des rentes du Québec
- the Régie de l'assurance-automobile du Québec
- unemployment insurance
- veterans' pensions
- the work accidents and industrial diseases programme
- the victims of acts of violence indemnity programme
- handicapped-child benefits
- veterans' benefits
- rent-supplement benefits
- the special case section of the Régie de l'assurance-automobile du Québec
- income supplements.

Universal income-security programmes give very little consideration to the needs inherent to an impairment or functional limitation, and conversely, those which do, are reserved for very specific groups among the handicapped.

Analysis of a few of these programmes demonstrates the tremendous differences among them.

- The Québec pension programme

The disability pension available from the Québec pension programme is based on an extremely restrictive definition; the *disability* must be *complete* and permanent, and the individual unable to hold a paying job. Obviously this immediately excludes quite a number of people who could well use the financial resources available within the context of this programme and, furthermore, the notion of *permanence* stifles the creation of a programme promoting a return to the work-force.

To be eligible for this pension, one must have contributed to the programme for at least five years. Five years is senseless, however, given that some progressive diseases producing functional limitations appear within the early years of working life and, by the same token, a large number of people impaired as a result of diseases or accidents not covered by alternate public insurance schemes cannot benefit from the Pension Board even if they had paid into it. These people eventually find they must turn to social welfare if they cannot manage to re-enter the job market.

Let us also mention that the disability payments are not high; in 1982 the maximum annual amount was $4,943.

- Social assistance

The Social Assistance programme, a last resort, includes a few special provisions to respond to the needs of the handicapped, namely: a supplement in the case of dialysis, ostomy or paraplegia; a supplement to diabetics; supplying of technical aids not covered under the Régie de l'assurance-maladie.

Moreover, it is only possible to receive the maximum payments if one is *declared unable to work*. This situation is very serious for the handicapped since there is a noticeable, almost systematic, tendency to apply this designation to them in order to allow them access to financial assistance which meets their needs more satisfactorily. In this sense, the idea of inability to work is too restricted and makes no provision for a person's abilities, and improper use of it is tied in with the absence of revised programmes and the insufficient funding directed toward minimizing functional limitations. In 1982 the monthly payment to a person *declared unable to work*, single and without dependents, was $387.

- The Régie de l'assurance-automobile and the Commission de la santé et de la sécurité du travail

Persons receiving *disability benefits* from these two government offices usually receive enough to compensate for their functional limitations. Only those with temporary or permanent limitations resulting from an automobile accident may benefit from the Régie de l'assurance-automobile income replacement programme.

On the other hand, the Commission de la santé et de la sécurité du travail administers an income-replacement programme for *victims* of work-related accidents, industrial diseases, acts of violence and those disabled while in service to the government. In both cases, income replacement may be either temporary or permanent; indeed, the handicapped who qualify for these programmes at present are a privileged group.

In certain instances, there are glaring differences in income security. If, for example a person is involved in an automobile accident while on the job, he has the right to disability payments from the two organizations. However, it should be noted that there are large differences in the payments made to recipients, based generally on income-level prior to the accident and, in some cases, on the cause of the disability.

Tax-reliefs

There exist certain special tax-reliefs:

- federal and provincial income-tax deductions for *disabilities;*
- federal refund of gasoline excise tax for individuals *unable* to use mass transportation;
- exemption of the provincial sales tax on modified vehicles.

There is a restricted category of handicapped persons who benefit from a deduction for *disability;* only those who have a visual impairment, those who are in bed or those who need a wheelchair. Moreover, as in the case of all tax deductions, it would be better if one's income were increased instead. This has very little meaning for the low-income group, which is the case for the majority of the handicapped.

As for the provincial sales tax exemption on modified vehicles, it applies only to a modification for driving the vehicle, while many of the handicapped need further modifications. To be eligible the person must own and operate the vehicle himself. Furthermore, those having impairment of the upper limbs, who also need modifications made to their vehicles, are not allowed this exemption. At any rate, the sales tax varies according to the purchase price of a vehicle, and may therefore be higher or lower than the cost of the modifications required.

Private insurance:

Private insurance remains an important source of financial security for the population-at-large; however, the handicapped encounter several obstacles which prevent them from benefiting fully from it in the same way as other persons do.

An OPHQ study done on some large insurance groups operating in Québec has revealed some of the problems likely to be encountered by the handicapped(2). There are three broad categories of insurance where distinctions are made between the handicapped and the non-handicapped, namely, personal life insurance, group insurance (life, illness, disability) and automobile insurance.

Personal Life Insurance

There are certain differences in the conditions applied to the handicapped and those persons whose state of health is considered normal. These differences may touch on:

- nature of proofs of assurability required;
- applicable premium rates;
- access to basic insurance or supplementary clauses.

Insurers justify these distinctions as based on their statistics; meaning that persons more likely to fall sick or die are subject to harsher terms (higher premiums or refusal to insure). Here again the handicapped are considered to be in *ill-health* or to run a high risk of accident, and subsequently are not able to buy life insurance or must do so by paying supplementary premiums charged under false pretenses.

Group Insurance

Group insurance presents different sets of problems depending on whether the group is small or large.

For small groups (under 25 persons according to insurers), the terms applied are about the same as those for personal life insurance, although slightly more flexible. So, the handicapped may be precluded from group insurance for the same reasons as previously stated, valid or not. Nonetheless, as soon as a person is considered able to work, the insurers are much more open to the idea of giving him coverage, since from their standpoint, he shows proof thereby of sufficient independence. For larger groups, once the waiting period for group membership plans is past, everyone in the employ of a company with group coverage is automatically eligible. After that, only those who did not make the deadline are obliged to furnish proofs of insurability. They could then be refused or even their membership in the place could be deferred for a specifical period. On the other hand, when the person insured asks for optional additional insurance, proof of insurability may once again be required, and is also sometimes necessary for dependents in cases where the group coverage includes a family-plan.

Automobile Insurance

Since insurers cannot refuse insurance to the holders of a driver's permit, any difficulties the handicapped experience in this area arise more from the cost or issuing of the permits.

In general, insurers do not impose higher premiums on the handicapped except, occasionally, in the case of para or quadriplegia, and anyway, regarding the issuing of permits, everyone must undergo the examinations which determine whether or not, one may drive. However, the handicapped frequently have to endure abnormal delays before obtaining temporary permits.

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(2) *Les personnes handicapées et les conditions d'assurance qui leur sont applicables*, Lucie Tremblay, service de la Recherche, OPHQ, 1980.

To conclude, inequalities of access vary greatly depending on the type of insurance desired; the most discriminatory conditions apply to life insurance. In this regard, private insurers contribute hardly anything to compensating for the deficiencies in the public income-security programmes.

Travelling expenses

Large travelling expenses are often unavoidable in order to obtain diagnostic services, medical attention, evaluation, and adaptation or rehabilitation services, and access to the resources needed to pay for transportation and cover living expenses while receiving attention is not uniform. These expenses are usually covered by the Régie de l'assurance-automobile and the Commission de la santé et de la sécurité du travail; however, for those receiving benefits from welfare or other public programmes, the issue is quite unclear. For example, welfare pays travelling expenses, on a low scale, for the purposes of diagnosis or medical treatment exclusively. Those not receiving benefits under any programme at all can have transportation for the same purposes paid for under the patient transportation programme of the ministère des Affaires sociales. The OPHQ receives numerous requests to pay travelling expenses within the context of a service programme.

Access to technical aids

The divergence in obtaining technical aids among the handicapped in different circumstances is also very marked. It goes from an almost complete access to aids minimizing functional limitations for one person to total inaccessibility for another. Age and cause of impairment are the determining factors. Most neglected are those receiving no benefits under any program or insurance policy, or else those receiving benefits solely from a scheme which supplies minimal assistance (welfare, Pension Board).

This is also the case for persons aged 36 and older; the access programmes for hearing and visual aids are presently applicable only to those 35 years of age and under.

The Commission de la santé et de la sécurité du travail and the Régie de l'assurance maladie defray the cost of most of the technical aids needed by their clients to increase their independence. Neither of these agencies is subject to the listings of insured aids and may therefore offer technical aids not covered by the programmes of the Régie de l'assurance maladie. The OPHQ receives many inquiries from handicapped persons who cannot find satisfaction of their needs for technical aids in order to minimize their functional limitations.

Access to adaptation or rehabilitation services

By law, anyone with functional limitations can take advantage of the adaptation or rehabilitation services offered by the social affairs network, but access to them is made easier when a person is covered by the Commission de la santé et de la sécurité du travail or the Régie de l'assurance maladie. He receives an examination and the appropriate referrals to obtain services and placement in a rehabilitation centre without the delays often characteristic of admission to those centres. Both of these organizations co-ordinate the supply of rehabilitation services to their clientele with a view to the maximum independence of the person and, when the time is ripe, their re-integration into the work-force.

On the other hand, persons not covered by these plans do not always have the advantage of consistent efforts by the social affairs network personnel to ensure them access to the necessary services. Whether by lack of information or professional conscientiousness, the absence of referrals often characterizes the health and social services system(3).

Obtaining services indispensable to autonomy

This is not so much a question of income security as of unequal access to the financial assistance necessary for a person to obtain the goods and services he needs to minimize his functional limitations. Two examples are enough to demonstrate the lack of co-ordination in this area, namely: home-care services, and adaptation of the dwelling(4).

The Commission de la santé et de la sécurité du travail, the Régie de l'assurance-automobile and the OPHQ, in the context of their service and physical aids programmes, are trying out a plan for each person to buy his own services; he receives a regular amount calculated according to the type and number of hours of service required. This practice is still experimental for the services offered to the handicapped within the framework of the home services policy of the ministère des Affaires sociales. The services available do not meet the needs of the handicapped in either quantity or quality.

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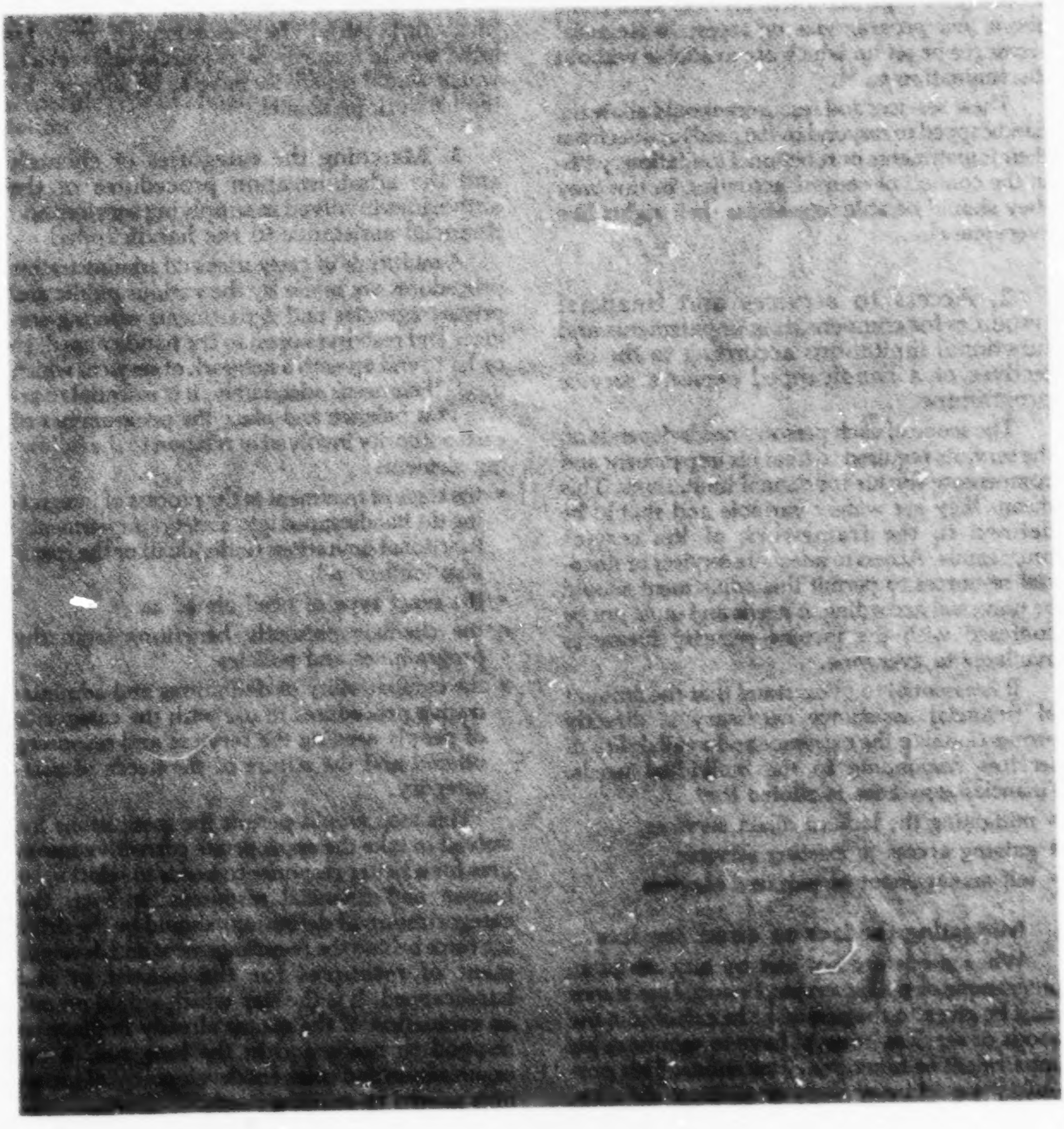
(3) See Chapter 6, *Adaptation and rehabilitation*.

(4) See Chapter 10, *Home care services*, and 13, *Accessibility*.

As to modifications to dwellings, they are reimbursed by the Régie de l'assurance-automobile and the Commission de la santé et de la sécurité du travail. No programme of this nature exists elsewhere, and it is exactly to fill this gap that the OPHQ supplies palliative care equipment for adaptation in the home.

All of these inequalities in access to services mean that a large number of the handicapped are left on the sidelines; not having the means necessary to exercise their rights, they remain apart and are not urged to join in the economic, social, political and cultural life of their community. A return to active life is given very little encouragement and those who try often find themselves in the position of losing the services and resources they need. Such is the case with social assistance, among others; when the handicapped succeed in entering the job market, they lose the few responses to their particular needs offered within the context of this programme (reimbursement of medication, supplements for special needs, etc.).

The objectives



A fairer balance: co-ordination of the means of integration supplied to the handicapped

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1. Minimizing impairments and functional limitations

ON EQUAL TERMS proposes equitable conditions of access to resources and services according to the special needs of the handicapped. In order to ensure a proper quality of life and the greatest development of each person's potential, an adequate organization of services must come about and programmes or access to financial resources be set up which are available without discrimination to all.

These services and resources should allow the handicapped to respond to the needs arising from their impairments or functional limitations within the context of routine activities. In this way they should be able to exercise their rights like everyone else.

2. Access to services and financial resources for compensating impairments and functional limitations according to the objectives of a handicapped person's service programme

The scope of each person's needs depends on the services required to treat his impairment and compensate for his functional limitations. This means they are widely variable and should be defined in the framework of his service programme. Access to adequate services or financial resources to permit this adjustment should be universal according to needs and must not be confused with the income security measures available to everyone.

It is essential to understand that the amount of financial assistance necessary is directly proportional to the existence and availability of services responding to the individual needs. Financial assistance is alloted for:

- mitigating the lack of direct services,
- gaining access to existing services,
- self-management of required services.

Mitigating the lack of direct services

When needs are not met by any adequate programme or public service, financial assistance must be given to the person so he can obtain the goods or services he must have to minimize his impairment or functional limitations. This possibility would be of short or medium duration in order to allow the handicapped to meet their needs while awaiting an adequate co-ordination of programmes and services.

Gaining access to existing services

All expenses incurred in gaining access to existing services for treatment of impairments or compensation of functional limitations should be covered. These expenses would diminish considerably with the regionalization of services.

Self-management of services

This type of financial assistance should not be a stop-gap, but directly a part of programme financing budgets. The person himself, or his family, should manage the resources and services which would otherwise have to be supplied by the network personnel.

3. Matching the categories of clientele and the administration procedures of the authorities involved in supplying services and financial assistance to the handicapped

A multitude of categories and administrative procedures are in use by the various public and private agencies and departments offering services and resources open to the handicapped. In order to end up with a network of services which meets their needs adequately, it is essential to arrive at a balance and place the programmes of each authority involved in relation to the following elements:

- the stage of treatment in the process of integrating the handicapped into society: impairments, functional limitations (individual) or the handicap (collective);
- the exact type of need aimed at;
- the clientele presently benefiting from the programmes and policies;
- the compatibility of definitions and administrative procedures in use with the categories of people needing the services and resources offered and the nature of the needs of each category.

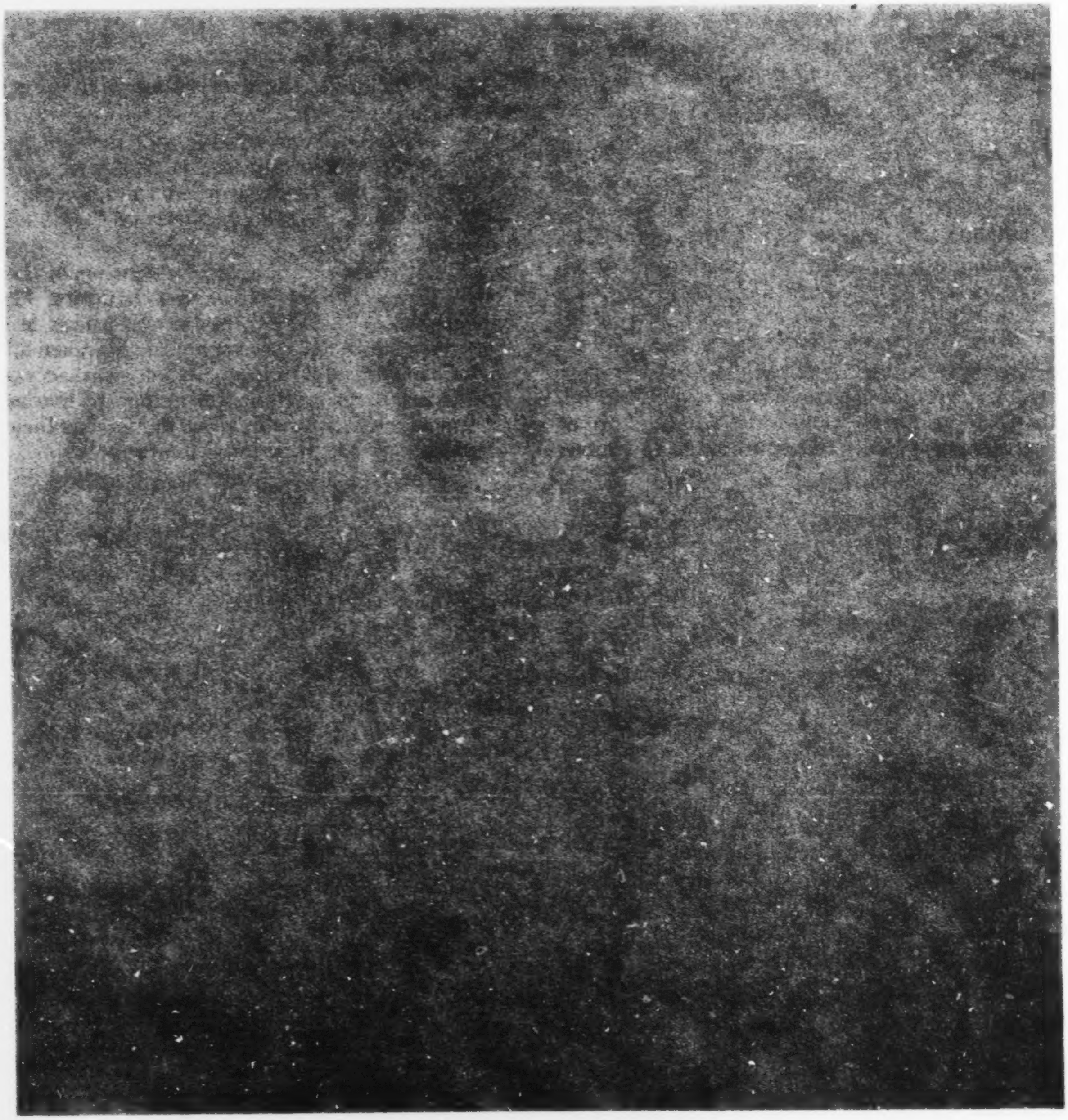
This step would permit the institutions involved to take the appropriate corrective measures for a better response to needs in relation to human and financial resources. In fact, the categorization of definitions should be the driving force behind the re-arrangement and development of resources for the benefit of the handicapped. It is the step which would permit an evaluation of the means already in place to respond to needs and in the long run, a re-organization and coherent development of measures geared to meeting needs.

4. The availability of services and resources to meet the needs of all types of handicapped persons adequately

The prime objective is to ensure that existing and future programmes apply to the categories of handicapped persons they are concerned with. It means eliminating all discrimination because of age, cause of impairment, type or degree of functional limitation, or a person's place or residence and, of course, not creating new privileges.

The programmes and policies must be extended and adapted to all the persons who need them without exception. This does not necessarily mean opening all programmes and policies to all categories of the handicapped. Some specialized services would apply to a limited clientele with a specific type of impairment or functional limitation.

Recommendations



Definitions

1. *The Office des personnes handicapées du Québec undertakes to:*

- *set up an inter-departmental study-group with an equitable participation of representatives of the promotional organizations, to promote the harmonization of the definitions and administrative procedures of the different departments, and public and para-public agencies offering services or financial assistance to the handicapped.*

This committee's mandate would be to outline a plan for harmonizing definitions and administrative procedures to be compatible with the orientation of ON EQUAL TERMS and, more specifically, with the objectives described in this chapter. It would concern:

- defining clearly the type of need aimed at in the programmes of each agency involved;
- determining which target-group presently benefits from the services and programmes;
- finding out if the definitions and related administrative procedures allow all categories of the handicapped needing these services or resources to take advantage of them.

The committee would then make recommendations regarding each agency involved. Depending on the case, it would be made up of representatives from all departments and public agencies offering services to the handicapped: Social Affairs, Education, Manpower, Cultural Affairs, Recreation, OPHQ, Workmen's Compensation, Automobile Insurance..., associations composed of the various types of resources of the service networks, (Conférence des conseils régionaux de la santé et des services sociaux, Association des centres d'accueil, Association des centres de services sociaux), from the private insurance sector and from the promotional organizations of the different categories of the handicapped.

Universal access

2. *That all departments and associations involved:*

- *modify the existing programmes and policies in order to ensure an adequate response to the needs arising from impairments and functional limitations for all categories of the handicapped.*

This would be the logical extension of the committee's efforts to harmonize definitions. It means seeing that the necessary measures are taken so that policies and programmes reach all handicapped people and ensure universal access to the resources and services needed to live as independently as possible while minimizing their impairments and functional limitations.

Conclusion
A Challenge for Quebecers

Introduction

> "Therefore it appears that one of the main causes of the present situation (of the handicapped) is the absence of a comprehensive government policy defining all the steps to be taken, the exact responsibilities of each of the agencies involved, and the resources necessary to meet them. Action on the part of the various Government Departments, even more than often being too insufficient, is very poorly co-ordinated. There is *no mechanism* to bring about a logical sequence of all programmes and services, which creates duplications and gaps."
>
> (Unofficial translation)

This essential statement, made in 1977 in the *White Paper Proposed Policy with regard to the handicapped*, explains clearly why the *OPHQ* was created. The idea of co-ordination has guided its activities to date. To meet it is this need for linking together the programmes of the Québec authorities and to assure the handicapped in the exercise of their rights, the Cabinet, in March of 1981, gave the OPHQ the task of formulating an overall policy proposal in co-operation with its colleagues in the public, para-public and private sectors and the handicapped and their promotional organizations.

ON EQUAL TERMS was conceived as a tool, a frame of reference for bringing about a change in society. This has already been embarked upon in several areas, but must be sustained vigourously in order to arrive at a Québec society which respects, without discrimination or privilege, the individual and collective needs of the handicapped. It makes sense here to sum up the activities of the OPHQ and state what it intends to do after submitting this overall policy proposal.

The situation

The OPHQ's mandate

According to the Act to secure the handicapped in the exercise of their rights:

> "The functions of the Office are to see to the coordination of the services offered to handicapped persons, to inform and advise handicapped persons, to promote their interests and to favour their educational, vocational and social integration."
>
> The Office shall:

- favour, within the Government Departments, municipal and school corporations and other public or private agencies, the co-ordination and promotion of services required by the handicapped to facilitate their access to dwelling facilities and to goods and services, their moving about, their entry into the labour market, their access to educational services and their participation in socio-cultural and recreational activities;
- see to the preparation of service programmes in order to facilitate integration into schools, vocations and society for any handicapped person who requests it;
- promote the implementation by establishments and agencies, of preventive programmes designed to safeguard the physical and mental integrity of persons(1).

Concrete steps

We will not give an exhaustive accounting of the OPHQ's activities, but rather describe in general terms the means it has used to fulfill its task. The administrative council of the OPHQ, composed of representatives of the handicapped and their movement, the various Government Departments involved and the employers' and union associations, has tried out inter-network co-ordination according to *a system of priorities*. It has taken the initiative in creating, or participating in, working groups to resolve important issues in areas such as transportation, accessibility, vocational integration, the question of sterilizing intellectually impaired persons. Generally, this approach has been fruitful. The development of the various services of the OPHQ has also been directed by a wish to promote the interests of the handicapped, to make their needs known, and by expert advice on adaptation and resource development.

The OPHQ's various services have been organized on a national, regional, sub-regional and local basis along the lines of promoting resource co-ordination to facilitate access by the handicapped, pin-pointing problem areas through consultation with the promotional organizations and support of their legitimate pressures, and studying individual requests from people who cannot find satisfaction of their needs, and all with a view to the collectivity as well as to the person.

The OPHQ has also attacked the problem of assembling pertinent information and expertise to pass on to the handicapped, programme personnel and associations who request it. In so doing, it has undertaken animation and liaison through the dissemination of information and steps to create a clearer awareness of the realities of the life of the handicapped, among employers, unions, manpower counsellors, etc. It has played a part in supporting and advising institutions and associations in the fields of research and disseminating information concerning the coming about of handicaps and the related aspects of impairment prevention, adaptation and rehabilitation, and integration of the handicapped into society.

In addition to this, in accordance with the Act creating it, the OPHQ has developed new resources such as adapted work centres, the vocational integration contract, and palliative material assistance. This last covers the expenses incurred by certain requirements essential to a handicapped person's integration into society and is provided for in the framework of the service programme once it is ascertained that no other public or para-public agency has assumed the costs.

The OPHQ has subsidized promotional organizations in order to further their activities and their representation of the handicapped population.

Finally, through its public stands and service expertise, it has represented persons and groups on many occasions over the last four years in order to further the effective exercise of human rights for the handicapped.

Finding out how to accomplish its task has been the main concern of the OPHQ's administrative council and personnel. Created to ensure an equalization of opportunity, its concern has been not to encroach on the jurisdictions of the various public authorities but rather to co-operate with them in creating an ever greater respect for the acquired rights of the handicapped whose pressure on society is expressed with ever increasing consistency. In realizing these goals the absence of a plan of action was often felt, so it was proposed to draw up a comprehensive policy in order to finally bridge this gap.

In spite of the successes to date, an order of priority is invaluable since it would scarcely be possible to resolve all the issues at once. For this reason the move toward an all-inclusive policy based on the principle of co-operation with an impressive number of parties has resulted in the emergence and elaboration of the role of the OPHQ in bringing about this group effort for social change: vigilance, listening, providing stimulus, representation, expertise, and counselling, with the main goal being the fulfillment of everyone's responsibilities.

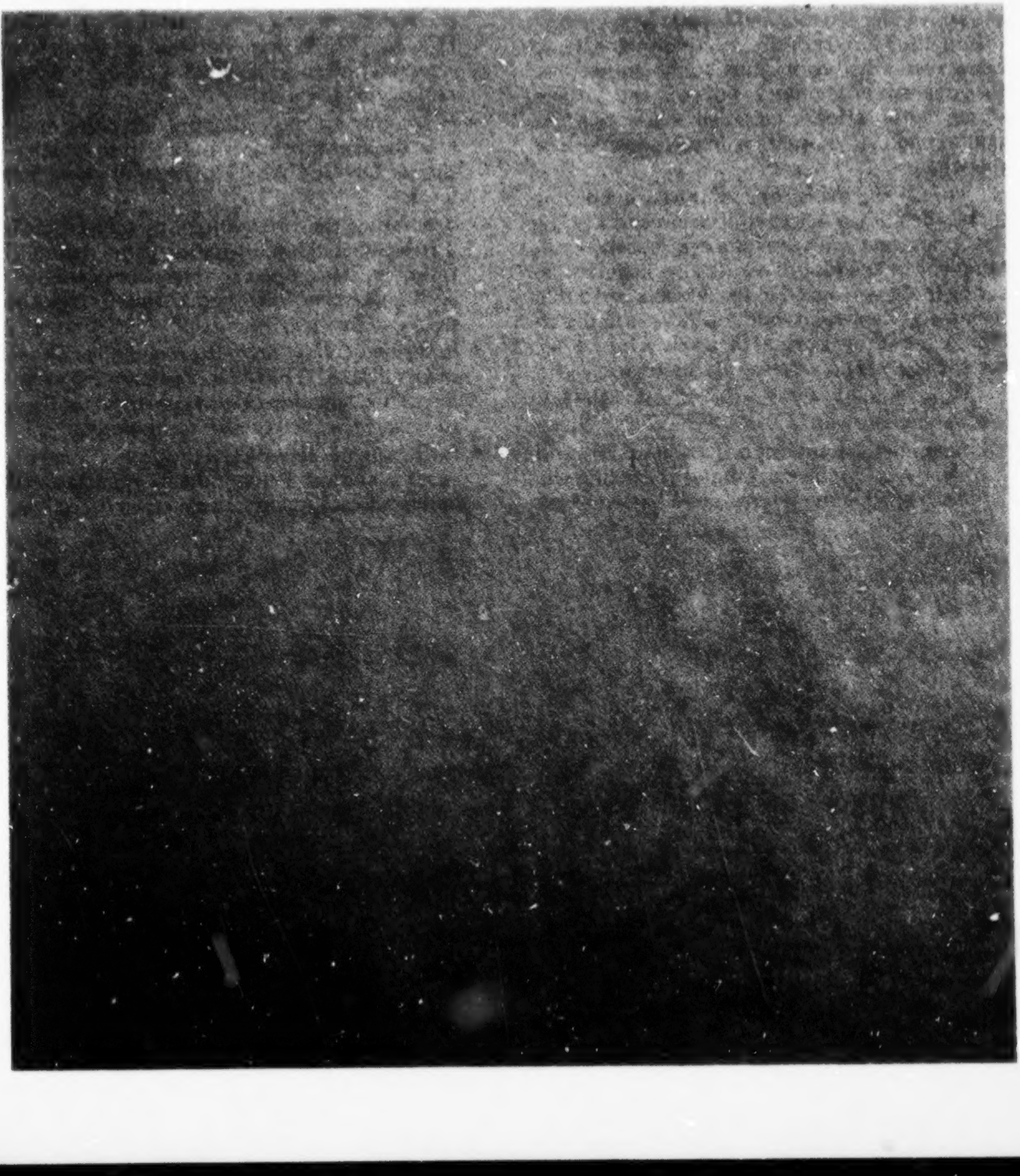
The *Towards an overall policy* operation has spotlighted:

- important initiatives in various sectors;
- the concerns and wishes of the authorities, particularly following their commitments at the Socio-Economic Conference;
- the hopes and realities of the handicapped and programme personnel;
- recognition of the right of the handicapped to speak and take part in the decisions of associations promoting their rights.

One can also see a desire to ensure programmes and services corresponding to the real needs of the handicapped population as well as a change of attitude. Nevertheless, these recent changes in direction and the commitments they imply will require constant and vigilant political support.

Aside from principles everyone seems willing to accept, the actual bringing about of a change of this scope must be actively motivated. Otherwise, despite the considerable progress made to date, it is all too likely that history will repeat itself and the handicapped will once again be forgotten and ignored as in the past. The emergence of a movement in Québec to promote the rights of the handicapped is a determining factor in the pressure for social change. Depending on its ability to present explicit demands and assume its new role at different decisional levels and by means of the contacts it may establish with other professional and social institutions, the movement will be able to spearhead the expression of this will. Its adherence to the overall policy will determine the speed of change.

The objectives



ON EQUAL TERMS: a shared effort

Talking about co-ordination seems complicated and always runs the risk of revolving around bureaucracies, hierarchies, and organization charts but the ultimate goal of the OPHQ's administrative council is the creation of a society which allows the handicapped to live ON EQUAL TERMS no exclusion and no favour: in other words, in which each individual shoulders his own responsibilities.

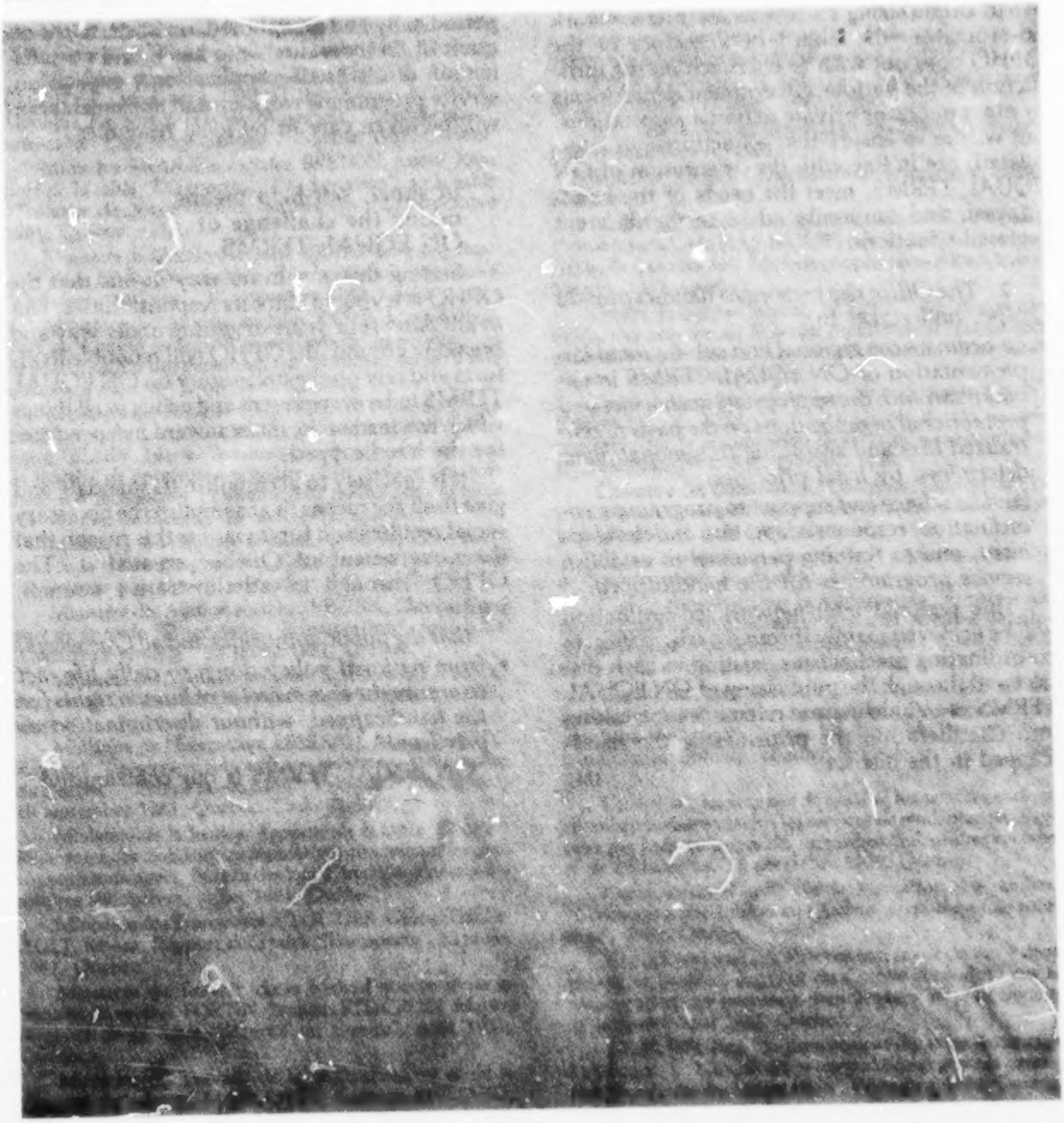
Such a society would accord the same rights to the handicapped as to all others, permit them the same independence and expect the same contributions. The responsibility for bringing it into being rests with the various public authorities, the government, municipal governments, professional corporations, employer's associations, unions and everyone else who can contribute to this change.

The OPHQ's role consists chiefly in opening up all the authorities to this vision and lending its support and vigilance for a comprehensive attainment of the objectives. It also includes ensuring the handicapped to speak out in order that they assert their rights and aspirations in the attainment of these goals at all levels. Once done, the society would develop on its own.

More immediately, the OPHQ takes the following steps toward ON EQUAL TERMS:

- informing the handicapped, individually and collectively, of their rights and of existing services by providing referrals and liaison to ensure that the proper authorities respond correctly;
- upon request, representing handicapped persons on a short-term basis to help them obtain one or more resources involved in fulfilling their service programmes;
- ensuring material assistance on a palliative and short-term basis to handicapped persons in the context of a service programme for circumstances or needs not provided for under other public programmes;
- providing advice and counselling for futher resource orientation and development toward the objectives and recommendations of ON EQUAL TERMS at the national, regional, subregional and local level with the help of the authorities involved;
- promoting and co-ordinating intervention or task force groups contributing to the realization of ON EQUAL TERMS at all decisional levels;
- promoting the orientations of ON EQUAL TERMS through information campaigns and training programmes for resource personnel, social partners, the handicapped and the public-at-large;
- ensuring a follow-up to the recommendations of ON EQUAL TERMS and performing a continual re-evaluation of strategies to adjust them to change in society and technology;
- furthering the activities of the promotional organizations and lending them organizational and practical support to attain their objectives.

Commitments



1. *The Office des personnes handicapées du Québec undertakes to:*

- *co-ordinate the attainment of ON EQUAL TERMS:*
  - *— by taking up animation, liaison, centralizing information, and counselling for its associate bodies with the help of the promotional organizations;*
  - *— by furthering the harmonization, according to a list of priorities, of national decisions in the areas of impairment prevention, adaptation and rehabilitation, and social integration of the handicapped.*

In emphasizing its role as an inter-network co-ordinator, the Board of Directors of the OPHQ does not wish to encroach on the jurisdiction of the various government departments or other public or private national associations, but wishes to ensure that all actions are interrelated, are in line with the orientation of ON EQUAL TERMS, meet the needs of the handicapped, and can easily adapt to the different regional situations.

2. *The Office des personnes handicapées du Québec undertakes to:*

- *co-ordinate the regional and sub-regional implementation of ON EQUAL TERMS in co-operation with the appropriate authorities and promotional organizations on the basis of centralized files and according to regional plans determined by local priorities;*
- *lend its advice and support to programme co-ordination, resource adaptation and development, and to training personnel to establish service programmes for the handicapped.*

This regional inter-network co-ordination will be achieved mainly through participation in co-ordinating mechanisms existing in each district and through the publicising of ON EQUAL TERMS as a guideline and reference tool, taking into consideration the priorities of the handicapped in the district.

3. *The Office des personnes handicapées du Québec undertakes to:*

- *promote the establishment of service programmes for the handicapped by means of local resources.*

Service programmes as a co-ordination tool should be in wider use and available to any handicapped person requesting them. The establishment of service programmes encouraging the independence and integration into society of the handicapped is in itself a means of co-ordinating local programmes; the OPHQ will contribute to a more general use of these. It will intervene only periodically and on a short-term basis, at the request of an individual who has found no satisfaction of his needs. Applications, evaluation, service programme work-up and implementation will be taken care of by local resources.

In short, self-help means taking the challenge of ON EQUAL TERMS.

Stating this aim in no way means that the OPHQ is trying to shirk its responsibilities. Not at all! After four years of getting under way and breaking ground, the OPHQ will redouble its efforts and rely on the uniformity on ON EQUAL TERMS to be ever-present and active in all things which can further the move toward independence for the handicapped.

It is precisely to accomplish its mandate and give itself the means to accomplish the necessary social rectification for it was for this reason that the government of Québec created it. The OPHQ, through its administrative council, insists:

that the public authorities and all Quebecers:

- *from national policy down to daily life, act to ensure the true exercise of human rights for the handicapped, without discrimination or privilege.*

ON EQUAL TERMS is our contribution.

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Provincial conferences

- Aide aux insuffisants visuels du Québec
- Aide aux obèses handicapés du Québec
- Association canadienne de l'ataxie de Friedreich
- Association canadienne pour la santé mentale
- Association de Montréal pour la déficience mentale
- Association de paralysie cérébrale du Québec
- Association des auxiliaires familiales et sociales du Québec
- Association des centres de services sociaux
- Association des cadres scolaires du Québec
- Association des centres d'accueil du Québec
- Association des centres hospitaliers et des centres d'accueil privés du Québec
- Association des compagnies de téléphone du Québec
- Association des directeurs de départements de santé communautaire
- Association des étudiants handicapés de l'Université de Montréal
- Association des familles d'accueil d'enfants
- Association des hôpitaux du Québec
- Association des ophtalmologistes du Québec
- Association des oto-rhino-laryngologistes
- Association des paraplégiques du Québec
- Association des restaurateurs
- Association du diabètes du Québec
- Association du Québec des parents d'enfants handicapés visuels
- Association du Québec pour enfants avec problèmes auditifs
- Association du Québec pour les déficients mentaux
- Association générale des insuffisants rénaux
- Association montréalaise pour les aveugles
- Association pour la santé publique du Québec
- Association québécoise des travailleurs en loisir
- Association québécoise pour les enfants ayant des troubles d'apprentissage
- Atelier expressif de Châteauguay
- Bell Canada
- Bibliothèque nationale
- Conseil de la radiodiffusion et des télécommunications canadiennes
- CSS de Québec
- Centre d'accueil de réadaptation Lucie-Bruneau
- Centre d'accueil Le Chaînon
- Centre de l'ouie-65-e et de la parole de Québec
- Centre hospitalier de l'Enfant-Jésus
- Centre hospitalier Robert-Giffard
- Centre hospitalier Ste-Justine, Centre de l'ouïe
- Centre Louis-Hébert
- Centre psychiatrique de Roberval
- Clinique d'adaptation de Trois-Rivières
- Collège Champlain
- Comité d'intégration des handicapés physiques du Québec
- Comité provincial des malades
- Commission d'emploi et d'immigration du Canada
- Commission de la santé et de la sécurité du travail
- Commission des droits de la personne du Québec
- Communication-Québec
- Conférence des CRSSS
- Conseil du patronat du Québec
- Conseil du Québec de l'enfance exceptionnelle
- Conseil du statut de la femme
- Conseil québécois du commerce de détail
- Conseil régional de la culture de Québec
- Converto-Braille
- Corporation des orthophonistes et des audiologistes du Québec
- Corporation des pavillons et des familles d'accueil pour adultes
- Corporation professionnelle des conseillers en orientation du Québec
- Corporation professionnelle des ergothérapeutes du Québec
- Corporation professionnelle des orthophonistes et audiologistes du Québec
- Corporation professionnelle des psychologues du Québec
- Corporation professionnelle des physiothérapeutes du Québec
- Corporation professionnelle des travailleurs sociaux du Québec
- Curatelle publique
- Éditeur officiel du Québec
- Étape (L')
- Excursions sans barrières (Les)
- Fédération des travailleurs du Québec
- Fédération d'entraide aux nouveaux amputés du Québec
- Fédération des associations des professeurs d'université du Québec
- Fédération des aveugles du Québec
- Fédération des CLSC
- Fédération des comités de parents
- Fédération des commissions scolaires
- Fédération des directeurs des services aux adultes
- Fédération québécoise des directeurs d'écoles
- Fonctionnaires handicapés (Les)
- Fondation canadienne de la fibrose kystique
- Fondation Claude St-Jean
- Institut des sourds de Charlesbourg
- Institut des sourds de Montréal
- Institut national canadien pour les aveugles
- Institut Nazareth & Louis-Braille
- Kéroul
- Ligue de l'épilepsie du Québec
- Mackay Centre Montréal
- Magnétothèque (La)
- Ministère d'État au Développement social du Québec
- Ministère de l'Éducation du Québec
- Ministère de l'Industrie, du Commerce et du Tourisme du Québec
- Ministère de la Fonction publique du Québec
- Ministère de la Justice du Québec
- Ministère des Affaires culturelles du Québec
- Ministère des Affaires municipales du Québec
- Ministère des Affaires sociales du Québec
  - Direction de la Santé communautaire
  - Direction de la Réadaptation
  - Direction des Services sociaux
- Ministère des Communications du Québec
- Ministère des Transports du Québec
- Ministère des Travaux publics et Approvisionnement du Québec
- Ministère du Loisir, de la Chasse et de la Pêche du Québec
- Ministère du Travail, de la Main-d'oeuvre et de la Sécurité du revenu du Québec
- Office du recrutement et de la sélection du personel du Québec
- Ordre des infirmières et infirmiers du Québec
- Ordre des optométristes du Québec
- Parade des dix sous pour les handicapés du Québec
- Pavillon Bruchesi
- Pavillon St-Charles de Limoilou
- Postes Canada
- Provincial Association of Catholic Teachers
- Provincial Association of Protestant Teachers of Quebec
- Québec-Téléphone
- Radio-Canada
- Radio-Québec
- Régie de l'assurance-automobile du Québec
- Régie des rentes du Québec
- Régie des services publics du Québec
- Regroupement des aveugles et amblyopes du Québec
- Secrétariat des Affaires gouvernementales en milieu amérindien et inuit
- Société d'habitation du Québec
- Société canadienne de sclérose en plaques, division du Québec
- Société pour les enfants infirmes du Québec
- Société québécoise pour enfants autistiques
- Syndicat professionnel des neurologues du Québec
- Télébec
- Transport 2000
- Transport adapté du Québec Métropolitain, CTCUQ
- Union des municipalités du Québec
- Université de Montréal, service de l'Équipement
- Université de Montréal, École d'orthophonie — audiologie
- Ville de Montréal

Regional work groups

Bas-St-Laurent-Gaspésie

Amqui

Association de paralysie cérébrale du Québec, chapitre Bas-St-Laurent-Gaspésie
Association des handicapés de la Vallée
CLSC de la Vallée
CSS d'Amqui
Centre hospitalier d'Amqui
Commission scolaire de la Vallée de la Matapédia
Garderie La Ramée
Garderie Petits Flots
Industries modulaires de la Vallée
Ministère des Affaires sociales
Office municipal d'habitation
Projet Handicap zéro
Service des loisirs de la Ville d'Amqui

Baie-des-Chaleurs

Bureau de la personne handicapée
Bureau local du ministère des Affaires sociales
CLSC Baie-des-Chaleurs
CLSC Malauze
CSS
Centre d'emploi du Canada
Centre de main-d'oeuvre du Québec
Centre hospitalier de Maria
Commission de la santé et de la sécurité du travail
Commission scolaire Mgr-Matte
Commission scolaire de Restigouche
Commission scolaire de Tracadièche
Commission scolaire régionale de la Baie-des-Chaleurs
Commission scolaire Val-d'Accueil
Commission régionale d'aide aux personnes en difficulté
Département de santé communautaire
Ministère des Affaires sociales

Chandler

Association La Joie de Vivre
CLSC de la Saline
CSS Gaspé-Îles de la Madeleine
Centre hospitalier de Chandler
Chevaliers de Colomb
Polyvalente de la Commission scolaire régionale de la Péninsule

Gaspé

Association des handicapés de Val-des-Rosiers
Auxiliaires bénévoles du Sanatorium Ross
CLSC de Val-des-Rosiers
CLSC Grande-Vallée
CSS Gaspé-Îles de la Madeleine
Bureau d'aide sociale
Cegep de la Gaspésie
Centre d'accueil de réadaptation Le Cabestan
Centre d'accueil de réadaptation Sanatorium Ross
Centre d'emploi du Canada
Centre de santé des Hauts-Bois
Commission de la santé et de la sécurité du travail
Commission scolaire Forillon
Commission scolaire La Grande Hermine
Commission scolaire régionale de la Péninsule
Département de santé communautaire de Gaspé
Ministère du Travail, de la Main-d'oeuvre et de la Sécurité du revenu
Projet Développement communautaire pour les personnes handicapées
Projet La personne handicapée s'insère à la société

Îles-de-la-Madeleine

Association des handicapés des Îles
Bibliothèque centrale de prêt
Bureau d'aide sociale
CLSC
CSS Gaspé-Îles de la Madeleine
Centre d'accueil et de réadaptation L'Étang-du-Nord
Centre d'emploi du Canada
Centre de main-d'oeuvre du Québec
Centre de santé de l'Archipel
Centre de travail de transition L'Étang-du-Nord
Comité des loisirs de Cap-aux-Meules
Commission scolaire des Îles
Coopérative de transport maritime et aérien
Garderie La Ramée
Mini-bus des Îles

Matane

Association des handicapés gaspésiens
Association des parents d'enfants handicapés Ateliers Léopold-Desrosiers
CLSC de Matane
CSS
Cégep de Matane
Centre de bénévolat
Centre de main-d'oeubre du Québec
Centre hospitalier de Matane
Comité des parents
Commission scolaire de Matane
Commission scolaire des Monts
Régie de l'assurance-automobile du Québec
Service des loisirs, section Kino-Québec
Société canadienne de la sclérose en plaques
Villa Dion
Ville de Matane

Mont-Joli

Alcyons (Les)
Association régionale de loisirs pour handicapés de l'Est du Québec
Bureau d'aide sociale
CLSC de Mont-Joli
Centrap (Mitis)
Centre de bénévolat
Centre hospitalier de Mont-Joli
Commission scolaire de Mitis
Espoirs (Les)
Maison des Tournesols
Polyvalente de Mont-Joli

Rimouski

Association canadienne de la santé mentale
Association pour l'enfance handicapée intellectuellement
Assoiffés de vivre (Les)
CRSSS 01
CSS du Bas-du-Fleuve
Cégep de Rimouski
Centre d'emploi du Canada
Centre de main-d'oeuvre du Québec
Centre hospitalier St-Joseph
Commission de formation professionnelle
Commission de la santé et de la sécurité du travail
Commission scolaire La Neigette
Commission scolaire régionale Bas-St-Laurent
Département de santé communautaire de Rimouski
Direction régionale du ministère de l'Éducation, Bas-St-Laurent-Gaspésie
Ministère des Affaires sociales
Régie de l'assurance-automobile du Québec
Transport — autonomie plus
Université du Québec à Rimouski
Villa de l'Essor

Ste-Anne-des-Monts

Bibliothèque de prêt
Bureau d'aide sociale
CLSC Les Berges
Centre d'accueil de réadaptation Le Compas
Centre d'accueil de réadaptation Pavillon-de-la-Montagne
Centre d'emploi du Canada
Centre de main-d'oeuvre du Québec
Chevaliers de Colomb
Club Lions
Club Optimiste
Club Rotary
Commission scolaire La Tourelle
Croix-Rouge
Département de santé communautaire de Ste-Anne-des-Monts
Office municipal d'habitation
Organisme de bienfaisance
Ouvroir (L')
Transports adaptés

Saguenay-Lac-St-Jean

Alma

CEDAP
CLSC d'Alma
CSS d'Alma
Cegep d'Alma
Centre d'emploi du Canada
Centre hospitalier d'Alma
Centre hospitalier de Métabetchouan
Centre de main-d'oeuvre du Québec
Commission de la santé et de la sécurité du travail
Commission scolaire d'Alma
Commission scolaire régionale du Lac-St-Jean
Ministère du Travail, de la Main-d'oeuvre et de la Sécurité du revenu
Office municipal d'habitation d'Alma
Projet Secteur nord
Régie des rentes du Québec
Villa des Lys

Chibougamau

Association des personnes handicapées de Chibougameau-Chapais
CLSC de Chapais-Chibougamau
CSS de Chibougamau-Lac St-Jean
Centre des études universitaires dans le Nord-ouest québécois
Commission scolaire de Chapais-Chibougamau
Hôpital de Chibougamau
Service des loisirs de Chibougamau

Dolbeau

Bureau d'aide sociale
CEDAP
CSS de Dolbeau
Centre hospitalier de Dolbeau
Club social pour handicapés Norlac
Commission de l'emploi et de l'immigration du Canada

Roberval

Bureau d'aide sociale
CEDAP
CLSC de Roberval
CRSSS 02
CSS
Centre de main-d'oeuvre du Québec
Centre hospitalier Hôtel-Dieu de Roberval
Commission de la santé et de la sécurité du travail
Commission scolaire de Roberval
Département de santé communautaire de Roberval

St-Félicien

CLSC des Prés-Bleus
Cégep de St-Félicien
Centre communautaire Le Goéland
Office municipal de St-Félicien
Polyvalente de St-Félicien
Service des loisirs de St-Félicien
Transport adapté et CLSC
Université du Québec à Chicoutimi

Saguenay

Association canadienne de l'ataxie de Friedreich
Association pour le développement des handicapés intellectuels du Saguenay
Association québécoise pour la lutte contre la fibrose kystique
Association québécoise de parents d'enfants handicapés
Association des handicapés visuels
Association des handicapés sourds
Ateliers protégés
CLSC Saguenay
CSS
Centrart
Centre d'entraînement à la vie
Centre du mieux-être
Commission scolaire d'Arvida
Département de santé communautaire
Groupe communautaire Falardeau
Institut Roland-Saucier
Normalisation-handicap

Québec

Québec — Métro

Arbre (L')
Association canadienne de la santé mentale
Association des handicapés de Charlesbourg
Association de paralysie cérébrale du Québec, chapitre de Québec
Association des psychiatrisés et sympathisants
Association de Québec pour les déficients mentaux
Association de Québec pour les enfants avec problèmes auditifs
Atelier Flèche-de-fer
Ateliers R-10
Ateliers TAQ
Base militaire de Valcartier
CLSC Basse-Ville
CLSC Laurentien
CLSC Les Montagnais
CRSSS de Québec
CSS — zone Orléans
CSS — zone Québec
CSS — zone Ste-Foy
Centre Cardinal-Villeneuve
Centre d'accueil Louis-Hébert
Centre d'action bénévole de Québec
Centre d'emploi du Canada de Montmorency
Centre d'emploi du Canada Québec-Beauport
Centre d'emploi du Canada Québec-Charlesbourg
Centre d'emploi du Canada Québec-Ste-Foy
Centre de l'ouïe et de la parole
Centre de main-d'oeuvre du Québec de Ste-Foy
Centre de main-d'oeuvre du Québec de la ville de Québec
Centre François-Charon
Centre hospitalier Jeffery-Hale
Centre hospitalier L'Enfant-Jésus
Centre hospitalier de l'Université Laval
Centre hospitalier Robert-Giffard
Centre hospitalier St-Augustin
Clinique Roy-Rousseau
Commission des écoles catholiques de Québec
Commission scolaire Ancienne-Lorette
Commission scolaire Beauport
Commission scolaire de Charlesbourg
Commission scolaire des Chutes-Montmorency
Commission scolaire Côte-de-Beaupré
Commission scolaire des Ilets
Commission scolaire La Jeune Lorette
Commission scolaire Montclam
Commission scolaire du Nouveau-Québec
Commission scolaire régionale Chauveau
Commission scolaire régionale Jean-Talon
Commission scolaire régionale Orléans
Commission scolaire régionale de Tilly
Commission scolaire Ste-Foy
Compagnie Michaud (La)
Eastern Quebec Regional School Board
Fondations Fafard (Les)
Greater Quebec School Board
Hôpital du St-Sacrement
Hôpital St-François d'Assise
Hôtel-Dieu de Québec
Hôtel-Dieu du Sacré-Coeur-de-Jésus de Quebec
Institut des sourds de Charlesbourg
Institut national canadien pour les aveugles
Mont St-Aubert
Parrainage civique de Québec
Pavillon St-Charles-de-Limoilou
Rassemblement des aveugles et amblyopes du Québec
Société canadienne de la sclérose en plaques, section Québec

Lévis

CSS — zone Lévis
Centre-adaptation-jeunesse
Centre d'emploi du Canada de Lévis
Centre de main-d'oeuvre du Québec de Lévis
Centre hospitalier Hôtel-Dieu de Lévis
Commission scolaire Abénakis
Commission scolaire Bellechasse
Commission scolaire Chaudière-Etchemin
Commission scolaire de l'Élan
Commission scolaire Nouvelle-Beauce
Commission scolaire Pointe-Levy
Commission scolaire régionale Louis-Fréchette
Société VIA

Beauceville

Association d'action volontaire de Beauceville
Association des parents d'enfants inadaptés
Atelier de réadaptation au travail de la Beauce
CLSC Frontenac
CLSC La Guadeloupe
CLSC Lac-Etchemin
CLSC Nouvelle-Beauce
CSS — zone Chaudière
Centre de main-d'oeuvre du Québec à St-Georges
Centre de main-d'oeuvre du Québec à Thetford-Mines
Centre de récupération de la Beauce
Centre hospitalier de la région de l'Amiante
Centre hospitalier St-Joseph de Beauceville
Centre hospitalier St-Julien de Beauceville
Commission scolaire de l'Amiante
Commission scolaire de Beauceville
Commission scolaire Black Lake-Disraeli
Commission scolaire des Cèdres
Commission scolaire des Érables
Commission scolaire Langevin
Commission scolaire de Leeds sud
Commission scolaire régionale de la Chaudière
Commission scolaire St-Joseph
Commission scolaire de Thetford Mines
Entreprises Tuméré (Les)
Nouvel Esso
Sanatorium Bégin
Soleil de l'Enfance

Montmagny

Association de loisir pour handicapés de La Pocatière
Association des loisirs de l'Islet
Association des parents du Foyer de l'enfance
CLSC Montmagny-sud
CLSC St-Pamphile
CLSC des Trois-Saumons
CSS — zone Rivière-du-Loup
Centre d'emploi du Canada à Montmagny
Centre de bénévolat de Montmagny
Centre de main-d'oeuvre du Québec
Centre hospitalier Hôtel-Dieu de Montmagny
Commission scolaire La Pocatière
Commission scolaire de l'Islet-sud
Commission scolaire de Montmagny
Commission scolaire régionale Pascal-Taché
Commission scolaire Trois-Saumons
Entraide aux inadaptés de Pascal-Taché
Foyer de l'Enfance de la Côte-sud
Handicapés autonomes Pascal-Taché

Rivière du Loup

Association de paralysie cérébrale du Québec, zone KRT
Association de parents d'enfants inadaptés
CLSC Témiscouata
Centre d'emploi du Canada de La Pocatière
Centre d'emploi du Canada de Rivière-du-Loup
Centre de main-d'oeuvre du Québec à Rivière-du-Loup
Centre de santé Boisvouscache
Commission scolaire des Basques
Commission scolaire des Frontières
Commission scolaire Jean-Chapais
Commission scolaire des Montagnes
Commission scolaire régionale du Grand-Portage
Commission scolaire Rivière-du-Loup
Commission scolaire Témiscouata
L'Oasis de l'enfance
Table de concertation des associations de personnes handicapées

Lotbinière

CLSC Arthur-Caux
Commission scolaire de Lotbinière
Commission scolaire Marie-Victorin
Manoir du Repos

Charlevoix

ALTI
Centre d'emploi du Canada de La Malbaie
Centre de main-d'oeuvre du Québec à La Malbaie
Centre de réadaptation de Baie-St-Paul
Centre hospitalier de Charlevoix
Commission scolaire du Gouffre
Commission scolaire Laure-Conan
Commission scolaire régionale de Charlevoix

Portneuf

CLSC St-Marc des Carrières
Centre d'emploi du Canada de Québec-Portneuf
Commission scolaire Grand-Bois
Commission scolaire Mgr-Vachon
Commission scolaire de Portneuf
Commission scolaire régionale Tardivel
Corporation Atelier Portneuf 80
Pavillon Toupin

Mauricie

Drummondville

Bureau d'aide sociale
Association des parents d'enfants handicapés du Centre du Québec
Ateliers Centre du Québec
Atelier d'apprentissage Drummond
Atelier du potier
CSS Centre du Québec
Carrefour des handicapés Drummond
Centre d'emploi du Canada
Centre hospitalier Georges-Frédéric
Centre hospitalier Ste-Croix
Club Super-joie
Commission de formation professionnelle
Commission scolaire de Drummondville
Commission scolaire régionale St-François
Commission scolaire régionale St-François, service d'Éducation des adultes
Conseil canadien des aveugles
Département de santé communautaire
Garderie Les petits lutins
Garderie Sur une patte
Maison Ste-Clothilde
Récupération Centre du Québec
Rencontre Soleil
Service d'action volontaire
Services récréatifs et communautaires, Cité de Drummondville
Stratégie communautaire d'emploi de Drummond
Transport Diligence

Bois-Francs

Association d'aide aux personnes handicapées mentales des Bois-Francs
Association régionale de loisir pour personnes handicapées du Centre du Québec
Autobus Victoriaville Ltée
Bureau d'aide sociale
CLSC de l'Érable
CLSC Suzor-Côté
CSS du Centre du Québec
Carrefour d'entraide bénévole des Bois-Francs
Cégep de Victoriaville
Centre de main-d'oeuvre du Québec
Centre de relèvement et d'information sociale
Centre d'emploi du Canada
Centre d'hébergement
Centre hospitalier de l'Hôtel-Dieu d'Arthabaska
Centre hospitalier des Bois-Francs
Centre pour handicapés physiques des Bois-Francs
Club de la Bonne Humeur
Club Joie de vivre
Commission de l'emploi et de l'immigration du Canada
Commission scolaire Daveluy
Commission scolaire régionale des Bois-Francs
Commission scolaire Victoriaville
Commission scolaire Warwick
Département de santé communautaire, Ste Croix
Domrémy
École Massicotte
Garderie Fleur de Soleil
Garderie populaire coop.
Garderie Rayon de Soleil
Office municipal d'habitation de Victoriaville
Pavillon L'Étoile d'or
Télévision communautaire et Carrefour d'entraide bénévole des Bois-Francs

Nicolet-Bécancour

Bureau d'aide sociale
CHLN
CHRO
CSS Centre du Québec
Centre d'entraide bénévole de Nicolet
Centre hospitalier du Christ-Roi
Centre Joie Sainte-Thérèse
CLSC Lotbinière ouest
Collège Notre-Dame de l'Assomption
Commission de formation professionnelle
Commission scolaire régionale Provencher
Croix-Rouge
Département de santé communautaire, Ste-Marie
École supérieure de musique
Foyer de Nicolet
Foyer de St-Célestin
Garderie d'Youville
Le Nouvelliste
Office municipal d'habitation de Bécancour
Polyvalente Jean-Nicolet
Regroupement des personnes handicapées de la zone Provencher
Service récréatif et culturel de la Ville de Bécancour
Université du Québec à Trois-Rivières

Trois-Rivières et ses environs

Association de paralysie cérébrales du Québec, chapitre de la Mauricie
Association des handicapés adultes de la Mauricie
Association des parents des enfants handicapés de Trois-Rivières et Cap-de-la-Madeleine
Association éducative et récréative des aveugles
Ateliers Centres du Québec
Association régionale de loisirs pour personnes handicapées de la Mauricie
Autobus Bellemare
Bureau des véhicules automobiles
Bureau d'aide sociale
Commission intermunicipale de transport des Forges
CLSC des Chenaux
CSS Centre du Québec
Centre d'accueil L'Éveil
Foyer Joseph-Denys
Atelier des Vieilles Forges
Centre hospitalier Cooke
Centre hospitalier Ste-Marie
Centre de main-d'oeuvre du Québec
Clinique de réadaptation
Club automobile du Québec
Comité de parents de la Commission scolaire Chavigny
Comité de parents de la Commission scolaire régionale des Vieilles-Forges
Commission scolaire Cap-de-la-Madeleine
Commission scolaire des Chenaux
Commission de santé communautaire, Ste-Marie
Fédération des travailleurs du Québec
Foyer Père Frédérick
Laboratoire de développement de l'enfant de l'UQTR
Le Nouvelliste
Loisirs handicapés mentaux
Maison Ste-Clothide
Service de la récréation du Cap-de-la-Madeleine
Université du Québec à Trois-Rivières
Ville du Cap-de-la-Madeleine

Maskinongé

Association des personnes handicapées du comté de Maskinongé
Bureau d'aide sociale
Centre d'accueil de Louiseville
CSS Centre du Québec
Centre de bénévolat
Commission scolaire de Grandpré
Département de santé communautaire, Ste-Marie
Filles d'Isabelle
Garderie Griboullis
Hôpital Comtois
Maski — Tours
Polyvalente de l'Escale

Shawinigan

Les Aigles de la Mauricie
Association du diabète du Québec, section Mauricie
Association des handicapés adultes de la Mauricie
Association de paralysie cérébrale du Québec, chapitre de la Mauricie
Ateliers Centre du Québec
CLSC Normandie
CSS Centre du Québec
Café rencontre
Cégep de Shawinigan
Centre de main-d'oeuvre du Québec
Centre d'emploi du Canada
Centre hospitalier Laflèche
Centre hospitalier régional de la Mauricie
Centre hospitalier Ste-Thérèse de Shawinigan
Club Rotary de Grand-Mère
Commission scolaire régionale de la Mauricie
Commission scolaire régionale de la Mauricie, service d'Éducation des adultes
Commission scolaire de Shawinigan
Commission scolaire Val-Mauricie
Conseil canadien des aveugles
Département de santé communautaire, centre hospitalier régional de la Mauricie
École St-Tite
Maison Ste-Clothide
Ministère des Transports
Service d'aide au consommateur
Société québécoise des enfants autistiques
Ville de Shawinigan

La Tuque

AFEAS
Association des handicapés de La Tuque
Association de parents d'enfants exceptionnels
Bureau d'aide sociale
CFLM
Clinique de réadaptation
Echo de La Tuque
CSS Centre du Québec
Centre d'emploi du Canada
Centre de main-d'oeuvre du Québec
Centre de réadaptation Lac-Édouard
Centre hospitalier St-Joseph de La Tuque
Comité de l'Année internationale des personnes handicapées
Commission de formation professionnelle
Commission scolaire de la Mauricie, service d'Éducation des adultes
Commission scolaire Haut-St-Maurice
Conseil de développement du Haut-St-Maurice
Département de santé communautaire, centre hospitalier régional de la Mauricie
Foyer Méritas
Garderie Clé-des-champs
Municipalités de La Tuque

Estrie

Asbestos

Bureau d'aide sociale
CLSC d'Asbestos
Centre hospitalier d'Asbestos
Centre de main-d'oeuvre et d'immigration du Canada
Fraternité des malades et handicapés d'Asbestos
Transport-Bestos

Coaticook

AFEAS
Ambulances Saint-Jean
CSS de l'Estrie
Centre d'emploi du Canada
Cercle des fermières
Département de santé communautaire de Coaticook
Dixville Home
Eastern Township Regional School Board
Municipalité de Coaticook
Troubadours de Coaticook

Lac-Mégantic

Aide juridique
Autobus Dostie
Bureau d'aide sociale
Centre hospitalier St-Joseph
Cercle des fermières St-Sébastien
Cercle des fermières Ste-Cécile
Chambre de commerce de Lac-Mégantic

Coco Soleil
Commission de formation professionnelle
Commission scolaire Lac-Mégantic
Garderie La Petite Bottine du Lac-Drolet
Hébergement à la ferme
Ministère des Affaires culturelles
Ministère des Transports
Polyvalente Montignac
Sept de Trèfle
Soupapes de la Bonne-Humeur
Village de Nantes
Ville de Lac Mégantic

Magog

Commission scolaire de Magog
Département de santé communautaire de Magog

Sherbrooke

Atelier Daisy
Atelier Poly-teck
Association pour la déficience mentale de Sherbrooke
Association de paralysie cérébrale du Québec, chapitre de l'Estrie
CLSC Soc
Centre d'emploi du Canada
Centre hospitalier d'Youville
Centre hospitalier universitaire de Sherbrooke
Centre Notre-Dame-de-l'Enfant
Centre de référence et d'information
Comité des citoyens de Lennoxville
Comité des citoyens SEFAC
Comité d'école du centre Le Touret
Ministère du Travail
Office municipal d'habitation
Promotion-Handicap
Promotion-Logement
Service de l'Éducation aux adultes
Villa Dufresne

Windsor — Richmond

CLSC de Windsor-Richmond
Carrefour d'entraide communautaire de Windsor
Centre de réadaptation pour adultes de Windsor
Comité d'action bénévole de Richmond
Commission scolaire de Marilac
Fille d'Isabelle de Windsor
Groupe APPEL

Montréal métropolitain

ACCÈS (L')
ARRIMAGE (L')
Association canadienne contre la dystrophie musculaire
Association canadienne des paraplégiques
Association des acupuncteurs
Association des adultes avec des problèmes auditifs
Association de Laval pour les déficients mentaux
Association de Montréal pour la déficience mentale
Association de Montréal pour les sourds
Association de loisirs Pointe-aux-Trembles
Association de paralysie cérébrale du Québec, chapitre de Montréal
Association de la sclérose en plaques
Association de spina-bifida et d'hydrocéphalie
Association multi-ethnique pour l'intégration des handicapés
Association québécoise pour les enfants ayant des problèmes auditifs
Association régionale des loisirs pour personnes handicapées de l'Île-de-Montréal et de l'Île-Jésus
Atelier Myriam
CSS Centre-ville
CSS St-Hubert
CAPBQ
CAPROL
CLSC Centre-sud
CLSC Marigot
CLSC Montréal-métropolitain
CLSC Montréal-Nord
CLSC Pierrefonds
CLSC Petite-Bourgogne
CLSC St-Louis-du-Parc
CSS Ville-Marie
CSS Montréal-Métropolitain
Café Rencontre
Centre de l'enseignement du Québec
Centre Baril
Centre Champagnat
Centre communautaire L'Amorce
Centre d'accueil Charleroi-Boyer
Centre d'accueil J.O. Chénier
Centre d'accueil La Croisée
Centre d'accueil Le Chaînon
Centre d'accueil Sénécal
Centre d'emploi du Canada
Centre de dépannage
Centre de main-d'oeuvre du Québec
Centre de réadaptation Lucie-Bruneau
Centre de réadaptation Lethbridge
Centre de secrétariat et de commerce
Centre des Marronniers
Centre hospitalier Douglas
Centre hospitalier Maisonneuve-Rosemont
Centre hospitalier Marie-Enfant
Centre hospitalier Notre-Dame
Centre hospitalier Notre-Dame de la Merci
Centre hospitalier St-Charles Borromée
Centre hospitalier Ste-Justine
Centre Louis-Hippolyte-Lafontaine
Centre McKay
Child Care — Child Developement
Comité d'école Ste-Anastasie
Comité d'école Joseph-Charbonneau
Comité d'intégration des handicapés du Québec
Comité de recherche et d'information pour la réadaptation des personnes handicapés physiques de Laval
Comité des étudiants handicapés de l'Université de Montréal
Comité de parents de la Commission des écoles catholiques du Québec
Comité des parents de l'école Victor-Doré
Comission de formation professionnelle
Commission de la santé et de la sécurité du travail
Commission des écoles catholiques de Montréal
Commission scolaire Baldwin-Cartier
Commission scolaire des Milles-Îles
Commission scolaire Sault-St-Louis
Commission scolaire de Verdun
Commission de transport de la Communauté urbaine de Montréal
Commission de transport de Laval
Conseil scolaire de l'Île de Montréal
Dépannage St-Édouard
Département de santé communautaire Maisonneuve-Rosemont
Département de santé communautaire Sacré-Coeur
Département de santé communautaire Ste-Justine
École Georges-Vanier
École Joseph-Charbonneau
École Peter Hall
École Tournesol
École Victor-Doré
Étape (L')
Fédération des travailleurs du Québec
Fonction publique du Canada
Foyer Rousselot
Garderie Marie-Enfant
Garderie Papillon
Institut national canadien pour les aveugles
Institut de réadaptation de Montréal
Institut de recherche bio-énergétique
Institut des sourds
Jardins Versailles
Jewish Convalescent Hospital
Kéroul
Loisirs pour handicapés
Loisirs Métropolitain
La Nichée
Nous nous intégrons en commun
Option travail Laval
Parrainage civique
Recherche intégration Laval
Regroupement des usagers du transport adapté
Réseau d'entraide
Service de réadaptation de l'Ouest de l'Île
Société canadienne de la sclérose en plaques de Pointe-aux-Trembles
Transit (Le)
Ultimatum-Service
Université de Montréal
Université du Québec à Montréal
Ville de Montréal

Laurentides

Berthier

Association pour handicapés physiques et mentaux La Rose Bleue
Association des personnes handicapées de Joli-Mont
CLSC Joli-Mont

Joliette

Atelier Fil-au-Bois

Laurentides

Association des déficients mentaux de Blainville-Deux-Montagnes
Association des handicapés mentaux des Laurentides
Association des personnes handicapés des Pays-d'en-Haut
Centre d'accueil Le Bouclier
Commission scolaire Blainville-Deux-Montagnes

Repentigny

Commission scolaire Le Gardeur

St-Jérôme

Association des aveugles de St-Jérôme
Association des handicapés du diocèse de St-Jérôme
CSS, St-Jérôme — Laurentides — Lanaudière
Canne blanche du Comité d'Argenteuil (La)
Centre d'emploi du Canada de St-Jérôme
Centre hospitalier Hôtel-Dieu de St-Jérôme
Fondation Tobie

Rive-sud de Montréal

Longueuil

ALPHA de Chambly
Association des handicapés mentaux du Haut-Richelieu
Association de paralysie cérébrale du Québec, zone Rive-sud
Association de paralysie cérébrale du Québec, zone St-Jean
Association des parents d'enfants handicapés de la Rive-sud métropolitaine
Association québécoise pour déficients mentaux — Centre Butters
Atelier La Flèche-de-fer
Ateliers Horizon
CLSC des Seigneurs
CLSC du Jardin
CLSC St-Hubert
CLSC Samaritech
CLSC de Longueuil-est
CLSC de Longueuil-ouest
CSS Richelieu
Carrefour Le Moutier
Centre d'accueil Ann-Le-Seigneur
Centre d'accueil de Brossard
Centre de main-d'oeuvre du Québec
Centre de bénévolat de Chambly
Centre de bénévolat de Longueuil
Centre de bénévolat de la Rive-sud
Commission scolaire Jacques-Cartier
Commission scolaire de Napierville
Commission scolaire St-Jean-sur-le-Richelieu
Commission scolaire régionale de Chambly
Commission scolaire régionale Lignery
Commission scolaire Taillon
Département de santé communautaire Charles-Lemoyne
Groupement des associations de personnes handicapées de la Rive-sud de Montréal
Intégration par la normalisation
Ministère du Travail, de la Main-d'oeuvre et de la Sécurité du revenu
Regroupement des personnes handicapées de Chambly
Renfort (Le)
Sclérose en plaques — Rive-sud de Montréal

Sud-ouest

Association québécoise des parents d'enfants handicapés visuels
Bureau d'aide sociale
CLSC Dorion
CLSC Seigneurie de Beauharnois
Centre de formation professionelle
Centre d'emploi du Canada de Huntingdon
Centre d'emploi du Canada de Valleyfield
La Chanterelle
Club La Joie de Vivre
Comité régional d'intégration au travail
Commission scolaire de Châteauguay
Commission scolaire de Châteauguay, service d'Éducation des adultes
Commission scolaire de Huntingdon
Commission scolaire des Moissons
Commission scolaire de Valleyfield
Commission scolaire de Valleyfield, service d'Éducation des adultes
Département de santé communautaire de Valleyfield
Régie de l'assurance-automobile du Québec
Regroupement des handicapés de Beauharnois

Yamaska

Association des déficients mentaux du Sorel métropolitain
Association de loisir des personnes handicapées physiques de St-Hyacinthe
Association des parents d'enfants handicapés
Association des parents d'enfants handicapés de St-Hyacinthe
Association régionale des losirs pour personnes handicapées de Richelieu-Yamaska
Association de sclérose en plaques de St-Hyacinthe
Atelier Adate
Atelier protégés de Yamaska
Bureau d'aide sociale de St-Hyacinthe
CLSC de Bedford
CLSC de Beloeil
CLSC de Farhnam
CRSSS
CSS de Richelieu
Centre de bénévolat de Granby
Centre de bénévolat de St-Basile
Centre d'emploi du Canada de St-Hyacinthe
Centre de main-d'oeuvre du Québec de Granby
Centre de main-d'oeuvre du Québec de St-Hyacinthe
Centre de main-d'oeuvre du Québec de Sorel
Centre Mgr-Forget
Clinique médicale Douville
Club des handicapés de Farnham
Club des handicapés de Sorel
Comité de l'Année internationale des personnes handicapées, Granby
Comité des bénéficiaires du Foyer Savoy
Commission scolaire de Bedford
Commission scolaire Davignon
Commission scolaire de Tracy
Commission scolaire régionale Meilleur
Commission scolaire régionale de Yamaska
Conseil canadien des aveugles de St-Hyacinthe
Département de santé communautaire de St-Hyacinthe
Été Canada 81
Foyer Savoy
Horizon-Travail
Jardin de Pipo
Loisirs pour handicapés inter-comtés
Loisirs pour handicapés de St-Hyacinthe
Mouvement Action Handicapés de Granby
Ministère du Travail, de la Main-d'oeuvre et de la Sécurité du revenu, St-Hyacinthe
Régie de l'assurance-automobile du Québec
Réveil des aveugles de Granby
Service des handicapés d'Acton Vale
Société canadienne de sclérose en plaques

Outaouais

Hull — Métropolitain

Association de la déficience mentale du Sud-ouest de l'Outaouais
Association de paralysie cérébrale du Québec, chapitre de l'Outaouais
Association québécoise pour enfants ayant des problèmes auditifs
CLSC Les Draveurs
CLSC Grande-Rivière
CLSC de Hull
CLSC Le Moulin
Centre hospitalier Pierre-Janet
Centre hospitalier régional de l'Outaouais
Coin du bricoleur (Le)
Commission de la santé et de la sécurité du travail, service de Readaptation sociale
Commission scolaire régionale de l'Outaouais
École St-Bernadin
Institut Nazareth et Louis-Braille
Ministère du Travail, de la Main-d'oeuvre et de la Sécurité du revenu

Regroupement des associations de personnes handicapées de l'Outaouais
Société outaouaise des sourds

L'Annonciation

Centre hospitalier des Laurentides

Maniwaki

Association des déficients mentaux et handicapés physiques de Maniwaki
Association des personnes handicapées de la région de Maniwaki
CLSC de la Désert
CSS
Centre hospitalier Maniwaki
Commission scolaire de Haute-Gatineau
Pavillon du Parc

Mont-Laurier

Association pour la défense des intérêts des handicapés physiques et mentaux de Mont-Laurier
Association de paralysie cérébrale du Québec — zone Mont-Laurier
CLSC des Hautes-Laurentides
CSS
Centre hospitalier Notre-Dame-de-Ste-Croix
Commission scolaire Pierre-Neveu

Petite-Nation

Association pour les handicapés physiques et mentaux de la Petite-Nation
Atelier de la Petite-Rouge
CLSC de Petite-Nation
Commission scolaire La Seigneurie

Pontiac

CLSC de Pontiac
CSS de Pontiac
Commission scolaire Pontiac
Manoir Sacré-Coeur
Pavillon du Parc

Vallée de Gatineau

CLSC de Vallée de Gatineau

Vallée de la Lièvre

CLSC Vallée de la Lièvre
Centre hospitalier de Buckingham
Commission scolaire de Vallée de la Lièvre
Commission scolaire régionale de Papineau
Commission scolaire régionale de Papineau

Abitibi

Amos

Association du Québec pour enfants avec problèmes auditifs
Centre hospitalier de l'Hôtel-Dieu d'Amos
Centre de main-d'oeuvre du Québec
Centre de services sociaux d'Amos
Clair Foyer
Club des joyeux handicapés d'Amos
Commission de formation professionnelle
Commission scolaire d'Amos
Commission scolaire régionale Harricana
Commission scolaire régionale Harricana, service d'Éducation aux adultes
Corporation amossoise au service des handicapés
Département de santé communautaire, Hôtel-Dieu d'Amos
Maison Rouyn-Noranda, services externes d'Amos
Municipalité d'Amos
Municipalité d'Amos-est
Projet Impact

La Sarre

Association de paralysie cérébrale du Québec, secteur La Sarre
Association des parents d'enfants handicapés
Bureau d'aide sociale
CSS La Sarre
Centre de formation professionnelle
Centre hospitalier St-François de La Sarre
Centre hospitalier St-Jean de Macamic
Cité étudiante Polyno de La Sarre
Clair Foyer
Club de l'amitié de La Sarre
Comité des bénéficiaires du Centre hospitalier St-François de La Sarre
Comité des bénéficiaires du Centre hospitalier St-Jean de Macamic
Commission scolaire de l'Abitibi
Maison Rouyn-Noranda, services externes de La Sarre
Ville Macamic

Lebel-sur-Quévillon

Centre de santé Lebel
Club Lions
Commission scolaire de Quévillon
Département de santé communautaire
Services des loisirs de Lebel-sur-Quévillon

Matagami

CSS
Centre de santé Isle-Dieu
Centre hospitalier Isle-Dieu
Commission scolaire de Joutel-Matagami
Société canadienne du cancer

Rouyn-Noranda

Association de paralysie cérébrale du Québec, chapitre de l'Abitibi-Témiscamingue
Association Les Intrépides
Association régionale de loisirs pour personnes handicapées de l'Abitibi-Témiscamingue
Association de la sclérose en plaques
Bureau d'aide sociale
Bureau régional des départements de santé communautaire
CRSSS
CSS de Rouyn-Noranda
Centre d'emploi du Canada
Centre de main-d'oeuvre du Québec
Centre hospitalier de Rouyn-Noranda, services externes de psychiatrie
Clair Foyer, services externes
Comité des parents d'enfants handicapés de Rouyn-Noranda
Commission scolaire de Rouyn-Noranda
Département de santé communautaire
Maison Rouyn-Noranda
Ministère du Loisir, de la Chasse et de la Pêche
Ministère des Transports

Senneterre

Association L'accueil Barraute-Senneterre
CLSC de Senneterre
CSS de Senneterre
Commission scolaire de Barraute-Senneterre
Coopérative d'habitation
Office municipal d'habitation de Senneterre
Projet L'Éveil
Ville de Senneterre

Témiscaming

Association des parents d'enfants handicapés du Témiscamingue
Association de Témiscaming pour déficients mentaux
CLSC de Témiscamingue
CSS de Ville-Marie
Centre d'accueil Normand
Club Lions
École de La Sarre
Église Notre-Dame-du-Lac et St-William
Garderie Cannelle et Pruneau
Société canadienne du cancer

Val-d'Or

Association de paralysie cérébrale du Québec, chapitre de l'Abitibi-Témiscamingue
Association des parents d'enfants handicapés de Val-d'Or
Bureau d'aide sociale
CSS de Val-d'Or
Centre d'emploi du Canada
Centre hospitalier St-Sauveur de Val-d'Or
Centre de main-d'oeuvre du Québec

Clair Foyer
Club des handicapés de Val-d'Or
Comité des bénéficiaires du centre hospitalier St-Sauveur de Val-d'Or
Commission de formation professionnelle
Commission de la santé et de la sécurité du travail
Commission scolaire régionale La Vérendrye
Maison Rouyn-Noranda
Ministère des Affaires sociales
Projet Accessibilité aux édifices publics
Projet Gardiennage

Ville-Marie

Amitié-Soleil (Projet ESSOR)
Association de paralysie cérébrale du Québec, secteur Ville-Marie
Association de parents d'enfants handicapés de Lemire
Association des parents d'enfants handicapés du Témiscamingue
Association de parents d'enfants handicapés de Ville-Maire
CTA
CSS de Ville-Marie
Centre de santé Ste-Famille
Clinique externe de psychiatrie
Commission scolaire Lac-Témiscamingue
Commission scolaire Lac-Témiscamingue, service d'Éducation des adultes
Croix-Rouge
Maison Rouyn-Noranda
Ministère des Transports
Service Première ligne
Témiscamien (Le)

Côte-Nord

Baie Comeau-Hauterive

AFEAS
Association des handicapés adulte de la Côte-Nord
Association pour la santé mentale
CSS
Club de loisirs pour handicapés de Hauterive
Département de santé communautaire de Baie Comeau-Hauterive
Ministère des Affaires culturelles
Office municipal de Hauterive
Pavillon de la Falaise
Projet Intégration au Travail

Best

CRICN Foyer de groupe
CSS
Centre de santé de la Haute-Côte-Nord
Commission scolaire
Département de santé communautaire

Fermont

CLSC de Fermont

Forestville

CLSC de Forestville
CRSSS 09
CSS de la Côte-Nord
Centre de main-d'oeuvre et d'immigration du Canada
Commission scolaire de Bersimis
Ville de Forestville

Havre-St-Pierre

CSS de Havre-St-Pierre
Centre hospitalier
Commission scolaire Louis-Galier
Commission scolaire régionale du Golfe
Compagnie de fer et titane
Département de santé communautaire de Sept-Îles
Foyer Havre-St-Pierre
Ministère des Transports
Office municipal d'habitation de Havre-St-Piere

Schefferville

Centre de santé de Schefferville
Infracom
Module d'épanouissement à la vie de Schefferville

Sept-Îles

Ambulances St-Jean
Association canadienne de la santé mentale
Ateliers populaires de Sept-Îles
Centre d'action bénévole
CSS de Sept-Îles
Centre de formation professionnelle
Centre hospitalier de Sept-Îles
Centre de main-d'oeuvre du Québec
Fédération régionale des associations Servcom Côte-Nord
PPEJ 81 Familiariser la population aux besoins des handicapés

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Photographer:
Jean Lauzon

Having an impairment is not necessarily a handicap!

The handicap is not being able to work, study, amuse oneself, communicate with others.

Handicapped persons can integrate into society. All we need to do is to think about it to adapt and to organize a little.

To reach this goal, the Office des personnes handicapées du Québec proposes ON EQUAL TERMS.

> It gives an overview of the difficult situations that handicapped persons experience.
>
> It proposes social integration objectives.
>
> It makes concrete recommendations which are intended for all those people who contribute to building our society.

Office des personnes
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